

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90246 019 ***150.00

DOCUMENT # P00000111420 1. Entity Name MINORITY SUNSHINE SERVICES, INC.																													
Principal Place of Business 2550 NORTH PALAFOX STREET PENSACOLA, FL 32501			Mailing Address P. O. BOX 30184 PENSACOLA, FL 32503																										
2. Principal Place of Business 7100 PLANTATION ROAD		3. Mailing Address P.O. Box 30184																											
Suite, Apt. #, etc. 11		Suite, Apt. #, etc. 																											
City & State Pensacola FL		City & State Pensacola FL		4. FEI Number 59-3698763																									
Zip 32504		Country USA		Applied For <input type="checkbox"/> Not Applicable																									
Zip 32503		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BREAKEY, KELLY A 2550 N PALAFOX ST PENSACOLA, FL 32501				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <small>Signature typed or printed name of registered agent on this filing. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BREAKEY, KELLY A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5083 CASSIA DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PENSACOLA, FL 32506</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	BREAKEY, KELLY A		STREET ADDRESS	5083 CASSIA DR		CITY - ST - ZIP	PENSACOLA, FL 32506		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <small>SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
Date _____ Daytime Phone # _____																													