

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011104

Entity Name: SUNSHINE SYNTHETICS, INC.

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

357 PARK FOREST WAY
WELLINGTON, FL 33414

New Principal Place of Business:

New Mailing Address:

531 LEWISBERRY RD.
NEW CUMBERLAND, PA 17070

Current Mailing Address:

357 PARK FOREST WAY
WELLINGTON, FL 33414

FEI Number: 65-1072325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN HULLE, RICHARD
357 PARK FOREST WAY
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

VAN HULLE, RICHARD
531 LEWISBERRY RD
NEW CUMBERLAND, PA, FL 17070 US

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.

SIGNATURE: RICHARD VAN HULLE

01/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VAN HULLE, RICHARD
Address: 357 PARK FOREST WAY
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VAN HULLE, RICHARD
Address: 531 LEWISBERRY RD
City-St-Zip: NEW CUMBERLAND, PA 17070

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD VAN HULLE

D

01/10/2007

Electronic Signature of Signing Officer or Director

Date