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May 02, 2008 8:00 am
Secretary of State
05-02-2008 90126 025 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000107614

1. Entity Name
SUNSHINE REALTOR GROUP, INC.

Principal Place of Business	Mailing Address
5849 OKECHOBEE BLVD. SUITE 201 WEST PALM BEACH, FL 33417	12306 UNIVERSITY STATION GAINESVILLE, FL 32604

04292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	PO Box 372425
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Satellite Beach FL
Zip / Country	Zip: 32937 Country: BREVARD

4. FEI Number: 59-7222028 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LYNCH, PETER J
12306 UNIVERSITY STATION
GAINESVILLE, FL 32603

7. Name and Address of New Registered Agent
Name: PETER J. LYNCH
Street Address (P.O. Box Number is Not Acceptable): 5849 Okeechobee Blvd
Suite 201
City: West Palm Beach FL Zip Code: 33417

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 [signature] 4/29/2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST LYNCH, PETER J 12306 UNIVERSITY STATION GAINESVILLE, FL 32604	☐ Delete	PVST PETER J. LYNCH 5849 Okeechobee Blvd Ste 201 West Palm Beach FL 33417	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYNCH, PETER J 12306 UNIVERSITY STATION GAINESVILLE, FL 32604	☐ Delete	D PETER J. LYNCH 5849 Okeechobee Blvd Ste 201 West Palm Beach FL 33417	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] PETER J. LYNCH 4/29/2008 321-777-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #