

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076201

FILED
Jan 07, 2008
Secretary of State

Entity Name: SUNSHINE HOLISTIC HEALTHCARE CORPORATION

Current Principal Place of Business:

500 GULFSTREAM BLVD
STE 104
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

2595 TREANOR TERRACE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 30-0096775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUISMA, WILLIAM
500 GULSTREAM BLVD
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

LOUISMA, WILLIAM
500 GULSTREAM BLVD
104
DELRAY BEACH, FL 33483 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: WILLIAM LOUISMA

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOUISMA, WILLIAM
Address: 500 GULF STREAM BLVD STE 104
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP () Delete
Name: VIRASAWMI, DJAIMINIE
Address: 500 GULFSTREAM BLVD STE 104
City-St-Zip: DELRAY BEACH, FL 33483 FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: ALPHONSE, DIMITRI
Address: 500 GULFSTREAM BLVD STE 104
City-St-Zip: DELRAY BEACH, FL 33483 FL

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM LOUISMA

P

01/07/2008

Electronic Signature of Signing Officer or Director

Date