2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2007 08:00 AM **DOCUMENT # P02000091277** Secretary of State SUNSHINE UNITS, INC. Principal Place of Business Mailing Address 707 SOUTH FEDERAL HIGHWAY 707 SOUTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 CR2E034 (11/05) 01092007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 76-0711190 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEGAL, WILLIAM J ESQ. DO NOT WRITE 20801 BISCAYNE BOULEVARD SUITE 304 IN THIS SPACE AVENTURA, FL 33180 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, typad or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LAROCK, JAMES A NAME 707 SOUTH FEDERAL HIGHWAY STREET ADDRESS U00000588942 CITY-ST-ZIP POMPANO BEACH, FL 33062 01/17/07-80091-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 of 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 eather like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SHAFURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

9/07

954)-181-1606

Daytime Phone #

FILED