


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90043 002 \*\*\*150.00

<b>DOCUMENT # P02000124157</b>	
1. Entity Name <b>SUNSHINE SMILES MARKETING, INC</b>	

**40006996**



01162006 Chg-P CR2E034 (11/05)

Principal Place of Business 5840 NE 22 WAY 722 FORT LAUDERDALE, FL 33308	Mailing Address 5840 NE 22 WAY 722 FORT LAUDERDALE, FL 33308
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2. Principal Place of Business 2180 N.E. 56th Court	3. Mailing Address 2180 N.E. 56th Court
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Suite, Apt. #, etc. c/o Cathie Rhames	Suite, Apt. #, etc. c/o Cathie Rhames
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City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
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Zip 33308	Country USA	Zip 33308	Country USA
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4. FEI Number 06-1672151	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  RHAMES, CATHIE 5840 NE 22 WAY 722 FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name (change of address) Street Address (P.O. Box Number is Not Acceptable) 2180 N.E. 56th Court City Ft. Lauderdale FL Zip Code 33308	
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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 <u>Cathie Rhames</u> CATHIE RHAMES	DATE <u>1/23/06</u>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATHIE RHAMES 5840 NE 22 WAY #722 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2180 N.E. 56th Court Ft. Lauderdale, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Cathie Rhames</u> Cathie Rhames	DATE <u>1/23/06</u> (954) 493-5469