


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000124157 1. Entity Name SUNSHINE SMILES MARKETING, INC |  |
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|---|---|
| Principal Place of Business 2180 NE 56TH CT C/O CATHIE RHAMES FORT LAUDERDALE, FL 33308 | Mailing Address 2180 NE 56TH CT C/O CATHIE RHAMES FORT LAUDERDALE, FL 33308 |
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02182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 06-1672151 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent RHAMES, CATHIE 2180 NE 56TH CT FORT LAUDERDALE, FL 33308 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

U000000348116
03/20/08-80005-008 158.75

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CATHIE RHAMES 2180 NE 56TH CT FORT LAUDERDALE, FL 33308 |
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IN THIS SPACE**

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: Cathie Rhames **CATHIE RHAMES** 2/29/08 (954)493-5469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #