

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90205 001 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                               |                                                                                                                    |                                                                                                                                                              |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P02000130409</b><br>1. Entity Name<br><b>SUNSHINE RENTAL APARTMENTS, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |                                               |                                                                                                                    |                                                                                                                                                              |                                                                   |
| Principal Place of Business<br><b>3426 LAKEVIEW BLVD<br/>DELRAY BEACH FL 33445</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |                                               | Mailing Address<br><b>P.O. BOX 4716<br/>DEERFIELD BEACH FL 33442</b>                                               |                                                                                                                                                              |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                                                    |                                                                                                                                                              |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            | City & State                                  |                                                                                                                    | 4. FEI Number <b>16-1646735</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                    | Zip                                           | Country                                                                                                            | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                              |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>ROSS, JENNIFER<br/>3426 LAKE VIEW BLVD<br/>DELRAY BEACH FL 33445</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |                                               |                                                                                                                    | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                     |                                                                   |
| 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 resigning)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            |                                               |                                                                                                                    |                                                                                                                                                              |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                               | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                              |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |                                               |                                                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                        |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | P<br>ROSS, JENNIFER<br>3426 LAKEVIEW BLVD<br>DELRAY BEACH FL 33445 <input type="checkbox"/> Delete         |                                               |                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VSD<br>VANDERKAY, ROBERT H<br>3426 LAKEVIEW BLVD.<br>DELRAY BEACH FL 33445 <input type="checkbox"/> Delete |                                               |                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                            |                                               |                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                            |                                               |                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                            |                                               |                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                            |                                               |                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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. |                                                                                                            |                                               |                                                                                                                    |                                                                                                                                                              |                                                                   |
| <b>SIGNATURE:</b> <u>Jennifer Ross Pres. Jennifer Ross May 15 2007</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            |                                               |                                                                                                                    |                                                                                                                                                              |                                                                   |

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