

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132260

Entity Name: SUNSHINE METAL PRODUCTS, INC.

FILED  
Apr 24, 2007  
Secretary of State

## Current Principal Place of Business:

999 MAGNOLIA ST.  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

195 MAGNOLIA ST.  
ALTAMONTE SPRINGS, FL 32701

## Current Mailing Address:

999 MAGNOLIA ST.  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

195 MAGNOLIA ST.  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 22-3887170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COBLE, BENJAMIN J  
999 MAGNOLIA ST.  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

COBLE, BENJAMIN J  
195 MAGNOLIA ST.  
ALTAMONTE SPRINGS, FL 32701 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:

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: COBLE, BENJAMIN J MR  
Address: 999 MAGNOLIA ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: COBLE, BENJAMIN J MR  
Address: 195 MAGNOLIA ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: TRES ( ) Change (X) Addition  
Name: COBLE, KIM M MRS  
Address: 195 MAGNOLIA ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: KIM M COBLE

TRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date