

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000044180

Entity Name: THAMBI SUNSHINE INC.

FILED
Sep 15, 2005
Secretary of State

Current Principal Place of Business:

1090 S. BELCHER RD
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

1090 S. BELCHER RD
LARGO, FL 33771

New Mailing Address:

FEI Number: 33-1054071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHEW, SAJI
12198 83RD AVE
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

MATHEW, MAGIE
12198 83RD AVE
SEMINOLE, FL 33772 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: MAGIE MATHEW

09/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: PUTHUSSERIL, BIJU
Address: 9000 S.W. 68TH TERR
City-St-Zip: MIAMI, FL 33173

Title: D,VP () Delete
Name: CHACKO, PHILIP
Address: 1910 CATTLE MAN DR
City-St-Zip: BRANDON, FL 33511

Title: D,S () Delete
Name: MATHEW, SAJI
Address: 12198 83RD AVE
City-St-Zip: SEMINOLE, FL 33772

Title: D,T () Delete
Name: KADALIMATTOM, SIBI
Address: 5745 REBA ST
City-St-Zip: MORTON GROVE, IL 60053

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D,S (X) Change () Addition
Name: MATHEW, MAGIE
Address: 12198 83RD AVE
City-St-Zip: SEMINOLE, FL 33772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAGIE MATHEW

S

09/15/2005

Electronic Signature of Signing Officer or Director

Date