

**2007 FOR PROFIT CORPORATION -
ANNUAL REPORT**

DOCUMENT # P03000044498

1. Entity Name
SUNSHINE GIFTS, INC.



**FILED
May 09, 2007 8:00 am
Secretary of State**

05-09-2007 90108 004 ***150.00

Principal Place of Business
514 DODECANESE BLVD
TARPO SPRINGS, FL 34689

Mailing Address
PO BOX 2601
TARPO SPRINGS, FL 34688

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
11-3685620

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKAROULIS, JIM P
514 DODECANESE BLVD
TARPO SPRINGS, FL 34689

Name **SKAROULIS, KALLIOPI**

Street Address (P.O. Box Number is Not Acceptable)

514 DODECANESE BLVD

City

TARPO SPRINGS

FL

Zip Code

34689

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 **Kalliope Skaroulis KALLIOPI SKAROULIS, Pres.**

4/26/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SKAROULIS, JIM P
STREET ADDRESS 514 DODECANESE BLVD
CITY-ST-ZIP TARPO SPRINGS, FL 34689

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

**SKAROULIS, KALLIOPI
514 Dodecanese Blvd.
Tarpom Springs FL 34689**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

Change 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: **Kalliope Skaroulis KALLIOPI SKAROULIS, Pres.** **4/26/07 727 939-2091**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #