

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000062728

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** SUNSHINE HOLISTIC HEALTHCARE II, INC.

**Current Principal Place of Business:**

3640 N ST. RD 7  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

2554 SAWYER TERRACE  
WELLINGTON, FL 33414

**New Mailing Address:**

2592 TREANOR TERRACE  
WELLINGTON, FL 33414

**FEI Number:** 37-1470249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BSHOP, JOHN  
5367 PACIFIC BLVD STE 2904  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LOUISMA, WILLIAM  
Address: 1779 NORTH CONGRESS AVE #303  
City-St-Zip: BOYNTON BEACH, FL 33426

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: WILLIAM LOUISMA

P.

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date