## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000062728

Current Principal Place of Rusiness:

Entity Name: SUNSHINE HOLISTIC HEALTHCARE II, INC.

FILED Jan 24, 2008 Secretary of State

Current Finicipal Flace of Business.		New Fillicipal Flace of Busiliess.	
5100 W. COMMERCIAL E TAMARAC, FL 33319	BLVD., STE 14		
Current Mailing Address:		New Mailing Address:	
2592 TREANOR TERRAG 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:		Name and Address of New Registered Agent:	
LOUISMA, WILLIAM 5367 PACIFIC BLVD STE BOCA RATON, FL 3343:			

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

New Principal Place of Rusiness

Election Campaign Financing Trust Fund Contribution ( ).

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

in the State of Florida.

SIGNATURE:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: LOUISMA, WILLIAM Name: LOUISMA, WILLIAM

Address: 1779 NORTH CONGRESS AVE #303 Address: 5100 W. COMMERCIAL BLVD STE 14

City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: TAMARAC, FL 33319

 Name:
 CASTIN, ALFRED
 Name:
 MELUNA, MICHEL

 Address:
 4261 N.W 38 TERRACE
 Address:
 4261 N.W 38 TERRACE

Address: 4261 N.W 38 TERRACE Address: 4261 N.W 38 TERRACE

City-St-Zip: LAUDERDALE LAKES, FL 33309 City-St-Zip: LAUDERDALE LAKES, FL 33309

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: WILLIAM LOUISMA P 01/24/2008