2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 13, 2008
Secretary of State

DOCUMENT# P03000062728

Entity Name: SUNSHINE HOLISTIC HEALTHCARE II, INC.

Current Principal Place of Business:

5100 W. COMMERCIAL BLVD., STE 14
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

2592 TREANOR TERRACE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 37-1470249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOUISMA, WILLIAM
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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOUISMA, WILLIAM
Address: 5100 W. COMMERCIAL BLVD STE 14
City-St-Zip: TAMARAC, FL 33319

Title: VP (X) Delete
Name: CASTIN, ALFRED
Address: 4261 N.W 38 TERRACE
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: D (X) Delete
Name: MICHEL, MELUNA
Address: 5100 W. COMMERCIAL BLVD STE 14
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 05/13/2008

Electronic Signature of Signing Officer or Director — Date