2008 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P03000088162** SUNSHINE INSURANCE GROUP AND MARKETING ASSOCIATES CORP.

FILED Mar 31, 2008 08:00 AN Secretary of State

S. Name and Addrass of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 SIGNATURE SIGNATURE SPIEGEL \$155.0.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS DO NOT WRITE 1. A familiar with, and accept the obligations of registered agent. Or both, in the State of Horids. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE STEEL NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 AND OFFICERS AND DIRECTORS DO NOT WRITE INITE NAME SISTER FORCESS ON' 55.70 DO NOT WRITE INITE NAME SISTER FORCESS ON' 55.70 DO NOT WRITE INITE NAME SISTER FORCESS ON' 55.70 DO NOT WRITE INITE NAME SISTER FORCESS ON' 55.70 DO NOT WRITE INITE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SISTER FORCESS ON' 55.70 THE NAME SI	Principal Plac	e of Business i	Mailing Address						
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### STREET ADDRESS CITY-ST-ZIP Signature. hydrox or printed name of registered agent and title of apprication. (NOTE Registered Appent signature required venoure remainer)									
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a mereby certify triat the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is five 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 entre wered 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:

305-869-9112