2007 FOR PROFIT CORPORATION ANNUAL REPORT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P03000088775 1. Entity Name SUNSHINE TOPS, INC. 07 SEP 20 PM 2: 28 Principal Place of Business Mailing Address 8317 BELFRY PLACE 27313 SOUTHFIELD ROAD PORT SAINT LUCIE, FL 34986 LATHRUP VILLAGE, MI 48076 No Chg-P CR2E034 (11/05) 01172007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0173237 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLYNN, DANIEL J DO NOT WRITE 8317 BELFRY PLACE PORT SAINT LUCIE, FL 34986 IN THIS SPACE 8. The above mened entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and the 3 applicable (BOTE Begisterge Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE FLYNN, DANIEL J NAME STREET ADDRESS 8317 BELFRY PLACE 700109716317 03/20/07--01058--016 **150.00 CITY-ST-ZIP PORT SAINT LUCIE, FL 34986 THEE NAME STREET ADDRESS CIEY-ST-ZIP THLE STREET ADDRESS DO NOT WRITE Calk-Si-ZIP IIII,E IN THIS SPACE NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS CITY+\$1-ZIP MLE NAME STREET ADDRESS CITY-ST-7IP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with a documental report is true and accurate and that my signature shall have the same legal effect as if made under oallt; 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 incompowered. SIGNATURE: △ SIGNING OFFICER OR DIRECTOR