2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2006 8:00 am Secretary of State 05-02-2006 90192 040 ***150.00 DOCUMENT # P03000104683 SUNSHINE REAL PROPERTY, INC. գսսչեն Principal Place of Business Mailing Address 11651 BOYETTE ROAD 11651 BOYETTE ROAD RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 05012006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0250733 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LIPSON, STUART ESQ. DO NOT WRITE 16900 N E 19TH AVE N MIAMI BEACH, FL 33162 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. STUAR LIPSON SIGNATURE. Signature, typed or printed name of registr gent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE CHAN, HEI WAN NAME 2301 HIGHWAY 524, SUITE 115 STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 VPST TITLE LIN, HAN BIN G NAME STREET ADDRESS 11651 BOYETTE ROAD CITY-ST-ZIP RIVERVIEW, FL 33569 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIE TITLE NAME STREET ADDRESS City-St-ZIP 12. I hereby 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as it 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 in Block 10 or Block 11 if changed, or on an attageneous with an address, with all other like empowered.

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ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED

Daytime Phone #