
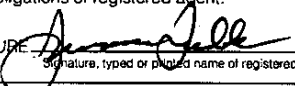
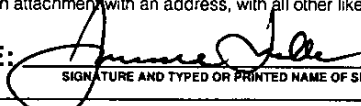


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90091 010 \*\*\*150.00

<b>DOCUMENT # P03000118323</b> 1. Entity Name <b>SUNSHINE INSPECTIONS, INC.</b>					
Principal Place of Business <b>33 CLOVERLEAF BYPASS LAKE PLACID, FL 33852</b>			Mailing Address <b>33 CLOVERLEAF BYPASS LAKE PLACID, FL 33852</b>		
2. Principal Place of Business <b>2205 Gilmore Avenue</b> Suite, Apt. #, etc.			3. Mailing Address <b>P.O. Box 101</b> Suite, Apt. #, etc.		
City & State <b>Sebring, FL</b>			City & State <b>Lake Placid, FL</b>		
Zip <b>33875</b>		Country <b>USA</b>		Zip <b>33862</b>	
Country <b>USA</b>		4. FEI Number <b>52-2421160</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>FULLER, JIMMIE 33 CLOVERLEAF BYPASS LAKE PLACID, FL 33852</b>			7. Name and Address of New Registered Agent Name <b>Fuller, Jimmie</b> Street Address (P.O. Box Number is Not Acceptable) <b>2205 Gilmore Avenue</b> City <b>Sebring, FL</b> Zip Code <b>33875</b>		
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. SIGNATURE  <b>Jimmie Fuller</b> <b>3-31-05</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FULLER, JIMMIE <input type="checkbox"/> Delete 33 CLOVERLEAF BYPASS LAKE PLACID, FL 33852		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fuller, Jimmie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2205 Gilmore Avenue Sebring, FL 33875	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FULLER, NORMA <input type="checkbox"/> Delete 33 CLOVERLEAF BYPASS LAKE PLACID, FL 33852		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Fuller, Norma <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2205 Gilmore Avenue Sebring, FL 33875	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 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 like empowered.					
SIGNATURE:  <b>Jimmie Fuller</b> <b>3-31-05</b> <b>863-386-1876</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50033491



03292005 Chg-P CR2E034 (10/03)