2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # P03000146901 . ~ 1. Entity Name SUNSHINE TREE SERVICE BY KURT BEAHM INC Principal Place of Business Mailing Address PO BOX 741593 5500 LAKE AVENUE ORANGE CITY, FL 32774-1593 US SANFORD, FL 32773 CR2E034 (10/03) 04162005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 33-1077324 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BEAHM, KURT R 1655 CHESTNUT AVE. ORANGE CITY, FL 32763 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. man terminating the control of the control TITLE NAME BEAHM, KURT R STREET ADDRESS PO BOX 741593 925716000000 ORANGE CITY, FL 327741593 CITY-ST-ZIF 04/20/05-80030-018 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP and the first section of the first section of the s NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 807, 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 tike empowered.

NING OFFICER OR DIRECTOR

4-18-05

Daytime Phone #

FILED