

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90116 042 ***150.00

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DOCUMENT # P04000005563

1. Entity Name
SON SHINE FINANCIAL SERVICES INC.



Principal Place of Business Mailing Address
 2146 CHAGALL CIRCLE PO BOX 221971
 WEST PALM BEACH, FL 33409 PB WEST PALM BEACH, FL 33422-1971 PB

2. Principal Place of Business 3. Mailing Address
2645 N. Military Trail Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
West Palm Beach, FL City & State

Zip Country Zip Country
33409 **Palm Beach** Zip Country



01282005 Chg-P CR2E034 (10/03)

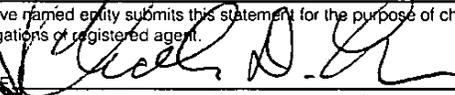
4. FI Number Applied For
20-0619208 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEITNER, CHARLES D
 2146 CHAGALL CIRCLE
 WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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:  DATE: **3-17-05**

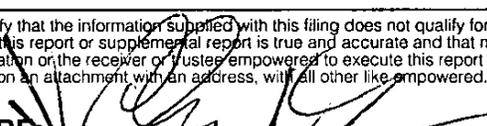
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	LEITNER, CHARLES D 2146 CHAGALL CIRCLE WEST PALM BEACH, FL 33409	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	LEITNER, CLARICE 2146 CHAGALL CIRCLE WEST PALM BEACH, FL 33409	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE: **3-17-05** Daytime Phone # **561-296-5626**