

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90002 005 ***150.00

DOCUMENT # P04000049335					
1. Entity Name FYC SUNSHINE INVESTMENTS, INC.					
Principal Place of Business 215 NORTH EOLA DRIVE ORLANDO, FL 32801			Mailing Address 215 NORTH EOLA DRIVE ORLANDO, FL 32801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 87-0728759	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'KANE, MATTHEW R 215 NORTH EOLA DRIVE ORLANDO, FL 32801			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULDENFREI, DORON 15 MAIN BOULEVARD MOUDIIN ISRAEL,		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

DORON SCHULDENFREI

**LOWNDES
DROSDICK
DOSTER
KANTOR &
REED, P.A.**

Attorneys at Law

ATTACHMENT
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#P04000049335
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GAIL S. ANDRÉ
PARALEGAL, CORPORATE DEPARTMENT
North Eola Drive Office
Direct Dial: (407) 418-6203
E-mail: gail.andre@lowndes-law.com

February 3, 2006

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7005 1820 0003 0102 1213

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

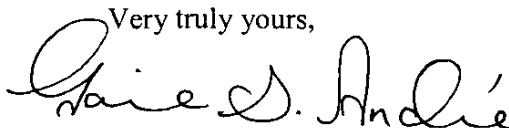
**Re: 2006 For Profit Corporation Annual Report
FYC Sunshine Investments, Inc.**

Dear Madam or Sir:

Enclosed herewith for filing please find an executed 2006 For Profit Corporation Annual Report for FYC Sunshine Investments, Inc., together with our client's check number 5157 in the amount of \$150.00 payable to the Florida Department of State representing the filing fee.

Thank you for your assistance in this matter.

Very truly yours,



Gail S. André
Corporate Paralegal to
Matthew R. O'Kane

GSA/cj
Enclosures
0029510/112585/352995/75A
c: Matthew R. O'Kane, Esquire