2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2006 8:00 am Secretary of State 02-08-2006 90002 005 ***150.00

| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1. Entity Name | n o | #P040000 | | 5 | | | | 02-08-2006 9 | • |)5 ***150 | |
|--|------------------------|---------------------|----------------------------------|-------------------|--------------------------|---------------------|--|---|---|---|---|--|
| Suite. April F, etc. City & State | 215 NORTH E | EOLA DRIVI | | 2 | 15 NORTH EOLA DRIV | VE | | | ·· | | | |
| City & State Ci | 2. Principal Pl | lace of Busi | iness | 3. 1 | Mailing Address | | | | | | | |
| Section Campaign Francing Section Status Desired Section S | Suite, Apt. | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 01112006 | Chg-P | CR2E03 | 34 (11/05) | |
| S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OKANE, MATTHEW R 215 NORTHE ECLA DRIVE ORLANDO, FL 32801 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effect or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of egistered agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of egistered agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of egistered agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of egistered agent, or both, in the State of Rorida. I am familiar with, and accept agent, or both, in the State of Rorida. I am familiar with, and accept agent, or both, in the State of Rorida. I am familiar with, and accept agent, or both, in the State of Rorida. I am familiar with, and accept agent, or both, in the State of Rorida. I am familiar with, and accept agent, or both, in the State of Rorida. I am familiar with, and accept agent, or both, in the State of Rorida. I am familiar with, and accept agent, or both, in the State of Rorida. I am familiar with, and accept agent, or both, in the State of Rorida. I am familiar with, and accept agent, or both, in the State of Rorida. I am familiar with, and accept agent, or both, in the State of Rorida. I am familiar with, and accept agent, or both, in the State of Rorida. I am familiar with, and accept agent. FILE NOWILL PREE IS \$150,00 FILE NOWILL PREE IS \$1 | City & State | e | | | City & State | | | | | | • | |
| CKANE, MATTHEW R 215 NORTH EVALUATION STATE POLY ORLANDO, FL 32801 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered digent, or both, in the State of Rorida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the deligible of Rorida. I am familiar with, and accept the deligible of Rorida. I am familiar with, and accept the deligible of Rorida. I am familiar with, and accept the Rorida. I am familiar with, and accept the Rorida. I am familiar with and accept the Rorida. I am familiar with an accept the Rorida. I am familiar with an accept the Rorida. I am familiar with and accept the Rorida. I am familiar with | Zip | Country | | | Zip Cour | | ıtry | | | | \$8.75 Addi | itional |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | 6. Nam | e and Address of Cur | rent Regist | tered Agent | | Name | 7. Name and | d Address of New Re | | | |
| City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Roids. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOWILI FEE IS \$150.00 After May 1, 2006 Flow will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing SCHULDENFREI, DORON STRET ADDRESS STRET | 215 NORT | 'H EOLA | DRIVE | | | | | (P.O. Box Numb | per is Not Acceptable |) | | |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat | ORLANDO |), FL 328 | 301 | | | | City | | | <u> </u> | Zin Code | |
| SIGNATURE Signature Signa | 8 The above | named ent | tity submits this statem | ent for the r | ournose of changing its | e ranietar | | ered agent or by | oth in the State of Flor | | 1 | |
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| After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. | SIGNATURE_ | Signature, type | ad or printed name of registered | agent and title i | if applicable. (NOT | TE: Registere | ed Agent signature require | ed when reinstating) | | DATE | | |
| ITILE NAME SCHULDENFREI, DORON STREET ADDRESS CITY-ST-2P TITLE NAME S | | | | | | | | 5.00 May Be Ided to Fees | | | | |
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| ITILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TO Change Addition 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 in changed, or on an attachment with an address, with all other like empowered. | NAME STREET ADDRESS | | | | ☐ Delete | NAM STRI | AE EET ADDRESS | | | | Change | Addition |
| ITILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP To horeby 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 in changed, or on an attachment with an address, with all other like empowered. | NAME STREET ADDRESS | | - | | ☐ Delete | TITL NAM STRI | LE ME EET ADDRESS | | | | ☐ Change | Addition |
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| of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Horida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered. | NAME STREET ADDRESS | | | | □ Delete | TITL NAM STR | LE ME REET ADDRESS | | | | ☐ Change | Addition |
| | changed. | t, or on an a | r the receiver or trustee | empowere | ia to execute this repor | rt as requ | remptions containe ature shall have the ired by Chapter 60 | ed in Chapter 1 e same legal effe 07, Florida Statu | 19, Florida Statutes. I ect as if made under o ites; and that my name | further cert path; that I a a appears i | ify that the ir am an officer n Block 10 or | nformation or director r Block 11 if |

DORON SCHULDENFREI

ATTACHMENT

215 NORTH EOLA DRIVE ORLANDO, FLORIDA 32801 450 SOUTH ORANGE AVENUE, SUITE 800 ORLANDO, FLORIDA 32801

LOWNDES DROSDICK DOSTER KANTOR & REED, P.A.

Attorneys at Law

POST OFFICE BOX 2809, ORLANDO, FLORIDA 32802-2809 TEL.: 407-843-4600 / FAX: 407-843-4444

www.lowndes-law.com

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.

Gail S. Andrè

Very truly yours,

Corporate Paralegal to Matthew R. O'Kane

GSA/cj Enclosures 0029510/112585/352995/75A

c: Matthew R. O'Kane, Esquire