

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90002 002 \*\*\*150.00

<b>DOCUMENT # P04000057951</b>					
<b>1. Entity Name</b> SUNSHINE LENDING GROUP, INC.					
<b>Principal Place of Business</b> 1900 W. COMMERCIAL BLVD. #103 FT. LAUDERDALE, FL 33309			<b>Mailing Address</b> 1900 W. COMMERCIAL BLVD. #103 FT. LAUDERDALE, FL 33309		
<b>2. Principal Place of Business</b> 3230 W. COMMERCIAL BLVD #2			<b>3. Mailing Address</b> 3230 W. COMMERCIAL BLVD #2		
Suite, Apt. #, etc. #290			Suite, Apt. #, etc. #290		
City & State Ft. Lauderdale, FL			City & State Ft. Lauderdale, FL		
Zip 33309		Country USA		Zip 33309	
Country USA		<b>4. FEI Number</b> 76-0754759			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CORTES, EFRAIN 1900 W COMMERCIAL BLVD #103 FT. LAUDERDALE, FL 33309			<b>7. Name and Address of New Registered Agent</b> Name: CORTES, EFRAIN Street Address (P.O. Box Number is Not Acceptable): 3230 W. COMMERCIAL BLVD. #290 City: Ft. Lauderdale, FL Zip Code: 33309		
<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</b> SIGNATURE: <u>Efrain Cortes</u> DATE: <u>3/22/06</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <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	P CORTES, EFRAIN 1900 W.COMMERCIAL BLVD. #103 FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CORTES, EFRAIN 3230 W. COMMERCIAL BLVD. #290 Ft. Lauderdale, FL 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TROMBERG, JEFFREY H 1900 W. COMMERCIAL BLVD. #103 FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TROMBERG, JEFFREY H. 3230 W. COMMERCIAL BLVD. #290 Ft. Lauderdale, FL 33309	<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
<b>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.</b>					
<b>SIGNATURE:</b> <u>Efrain Cortes</u>			DATE: <u>3/22/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE: <u>(954) 730-0144</u>		