

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90180 021 ***150.00

DOCUMENT # P04000063088					
1. Entity Name SUNSHINE WELLNESS CENTER, INC.					
Principal Place of Business 90 PONCE DE LEON BLVD. BROOKSVILLE, FL 34601			Mailing Address 90 PONCE DE LEON BLVD. BROOKSVILLE, FL 34601		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORFLEET, KENNETH R 90 PONCE DE LEON BLVD. BROOKSVILLE, FL 34601			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 resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P NORFLEET, KENNETH R 5356 N. RED RIBBON POINT BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bridges, Jennifer N. 90 Ponce de Leon Blvd Brooksville, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORFLEET, MINA P 90 PONCE DE LEON BLVD. BROOKSVILLE, FL 34601	<input checked="" type="checkbox"/> Add		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Norfleet, Brenda S 90 Ponce de Leon Blvd Brooksville, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NORFLEET, KENNETH D 90 PONCE DE LEON BLVD BROOKSVILLE, FL 34601	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Norfleet, Mina P 90 Ponce de Leon Blvd Brooksville, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 <i>Kenneth R. Norfleet</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>1/27/08</i> Daytime Phone # <i>352-796-7200</i>		