



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2005 8:00 am
Secretary of State

07-29-2005 90012 033 ***150.00

DOCUMENT # P04000136962 1. Entity Name SUNSHINE CHILDREN CORP					
Principal Place of Business 2288 NORTH UMBRIA DR. SANFORD FL 32771			Mailing Address 2288 NORTH UMBRIA DR. SANFORD FL 32771		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SCHMITZ, AARON J 2288 NORTH UMBRIA DR. SANFORD FL 32771				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 SCHMITZ, AARON J 2288 NORTH UMBRIA DR. SANFORD FL 32771		<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 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:  AARON Schmitz			7-25-05 (407) 625-2253		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

PS4000136962
66026532

Date 20 Aug, 2005

To: Florida Dept. of State/ Division of Corporations

We did not receive the notice due to the construction of a new property.
During this time mail was not delivered. Now The problem has been taken care
of. Any questions please contact me at (407) 625-2253.

Thanks



Aaron Schmitz
Owner
Sunsine Children Corp.