

**2006 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**




05-1T-2006 90248 025 \*\*\*\*61.25

PO5000020666

FILED

06 JUN -2 PM 12: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000020666					
1. Entity Name SUNSHINE.COM, INC.					
Principal Place of Business 2401 CURRY FORD RD ORLANDO, FL 32806		Mailing Address 2401 CURRY FORD RD ORLANDO, FL 32806			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2288249	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASSAN, MOHAMMED A 2401 CURRY FORD RD ORLANDO, FL 32806			7. Name and Address of New Registered Agent		
			Name Hammana, Amal		
			Street Address (P.O. Box Number is Not Acceptable) 2401 Curry Ford Rd.		
			City Orlando		
			FL		
			Zip Code 32806		
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: 		DATE: 5/11/06			
Amended AR is \$81.25		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	P	<input checked="" type="checkbox"/> Delete	TITLE	PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASSAN, MOHAMMED A		NAME	Hammana, Amal	
STREET ADDRESS	2401 CURRY FORD RD		STREET ADDRESS	2401 Curry Ford Rd.	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		DATE: 5/11/06		Daytime Phone #: 467-808-0345	
Amal Hammana, Pres.					



04272006 Chg-P CR2E034 (11/05)