


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90185 015 \*\*\*150.00

<b>DOCUMENT # P05000029790</b>	
1. Entity Name <b>SUNSHINE ENTERTAINMENT BEVERAGES, INC.</b>	

Principal Place of Business <b>360 DUNCAN LOOP EAST, #304 DUNEDIN, AL 34698</b>	Mailing Address <b>360 DUNCAN LOOP EAST, #304 DUNEDIN, AL 34698</b>
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2. Principal Place of Business <b>17034 Winners Circle</b> Suite, Apt. #, etc.	3. Mailing Address <b>17034 Winners Circle</b> Suite, Apt. #, etc.
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City & State <b>Odessa FL</b>	City & State <b>Odessa, FL</b>
Zip <b>33556</b>	Country <b>Hillsborough</b>

400000000



04242006 Chg-P CR2E034 (11/05)

4. FEI Number		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>CALVERT, MARY I 360 DUNCAN LOOP EAST, #304 DUNEDIN, FL 34698</b>		7. Name and Address of New Registered Agent Name <b>Mary I Calvert</b> Street Address (P.O. Box Number is Not Acceptable) <b>17034 Winners Circle</b> City <b>Odessa</b> FL Zip Code <b>33556</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.  
SIGNATURE Mary I Calvert, President DATE 5-24-2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BICE, EARL D</b> <b>317 DAFFODIL DRIVE</b> <b>MILLBROOK, AL 36054</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CALVERT, MARY I</b> <b>5719 PACIFIC STREET</b> <b>OMAHA, NE 68106</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CALVERT, ROBERT L</b> <b>5719 PACIFIC STREET</b> <b>OMAHA, NE 68106</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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

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: Mary I Calvert DATE 5-24-2006 (127) DAYTIME PHONE # 204-2956  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR