2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 25, 2006
Secretary of State

DOCUMENT# P05000079039

Entity Name: SUNSHINE MORTGAGE SOLUTIONS, INC.

Current Principal Place of Business:

202 ANDY DR
FREEPORT, FL 32439

New Principal Place of Business:

Current Mailing Address:

202 ANDY DR
FREEPORT, FL 32439

New Mailing Address:

FEI Number: 20-3125285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOGT, SEAN P
202 ANDY DR
FREEPORT, FL 32439 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: LUND, DONNA M
Address: 202 ANDY DR
City-St-Zip: FREEPORT, FL 32439 US

Title: VP ( ) Delete
Name: LELIEFELD, KEVIN J
Address: 118 SKYLINE DR
City-St-Zip: GUTTENBERG, IA 52052 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: 1-VP ( ) Change (X) Addition
Name: THOMAS, VOGT
Address: 202 ANDY DR
City-St-Zip: FREEPORT, FL 32439 US

Title: 2-VP ( ) Change (X) Addition
Name: SEAN, VOGT
Address: 202 ANDY DR
City-St-Zip: FREEPORT, FL 32439 US

Title: SEC ( ) Change (X) Addition
Name: LELIEFELD, KEVIN J
Address: 118 SKYLINE DRIVE
City-St-Zip: GUTTENBERG, IA 52052 US

Title: TRS ( ) Change (X) Addition
Name: LELIEFELD, KEVIN J
Address: 118 SKYLINE DRIVE
City-St-Zip: GUTTENBERG, IA 52052 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN J. LELIEFELD VP 10/25/2006

Electronic Signature of Signing Officer or Director — Date