## **2006 FOR PROFIT CORPORATION**

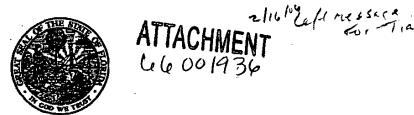
## ANNUAL REPORT DOCUMENT #P05000090846

1. Ently Name
SUNSHINE WELLNESS CENTER OF WEST PALM



FILED Feb 21, 2006 8:00 am Secretary of State 01-23-2006 90033 045 \*\*\*150.00

BEACH, INC.							7									
Principal Place of Business 1115 45TH STREET SUITE 2 WEST PALM BEACH, FL 33407			11 Su	Mailing Address 1115 45TH STREET SUITE 2 WEST PALM BEACH, FL 33407				66001936								
2. Principal Place of Business				3. Mailing Address												
Suile, Api. J. etc.				uile, Apt. #, etc.			010420	006	Chg-P	CR2E03	34 (11/05)	)				
City & State				ity & State		4. FEIN	_	06/36			pplied For lot Applicable					
Zip	Country			P	itry	5. Certificate of Status Desired Sequired Fee Required					iditional ed					
	6. Name	and Address of Current	Registe	ered Agent	<b> </b>	7. Name and Address of New Registered Agent										
JOHNSON, SEAN G						Name										
1115 45TH SUITE 2					(P.O. Box N	lumber	is Not Acceptable)									
WEST PALM BEACH, FL 33407																
				City				FL	Zip Cod							
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 Signature. Hood or printed name of registered agent and title I applicable. (NOTE. Registered Agent signature required when relinateling). DATE																
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees										•						
10.		OFFICERS AND		ADDITIO	ONS/C	HANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 11							
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12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplemental people is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an diffect or director of the corporation or the receiver or turble 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 by address, with all other like empowered.												nformation or director r Block 11 if				
SIGNATURE:																
	<b>_</b>	SIGNATURE AND TYPED OR	HINTED N	AME OF MONOIG OFFICER	OR DERFET	SIGNATURE:  SIGNATURE AND TYPE DOR PROTEO MANE OF SIGNS OF FICEN OR DIRECTOR  CAMP Designs Proce &										



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 28, 2006

FEB 1 6 2006

SUNSHINE WELLNESS CENTER OF WEST PALM BEACH, INC. 1115 45TH STREET. SUITE 2
WEST PALM BEACH, FL 33407



Subject: SUNSHINE WELLNESS-GENTER-OF-WEST-PALM BEACH, INC.

Reference Number:

P05000090846

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/mh ANNUAL REPORTS SECTION