2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

DOCUMENT# P05000108197

Entity Name: SUNSHINE HEALTHY LIFESTYLES, INC.

Current Principal Place of Business:

9019 HERITAGE BAY CIRCLE
ORLANDO, FL 32836

New Principal Place of Business:

9019 HERITAGE BAY CIRCLE
ORLANDO, FL 32836 UN

Current Mailing Address:

P.O. BOX 470308
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 59-3670830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

W & P SERVICES, INC.
450 N. WYMORE ROAD
WINTER PARK, FL 32789 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: DP
Name: GUTZMER, ARTURO
Address: 9019 HERITAGE BAY CIRCLE
City-St-Zip: ORLANDO, FL 32836

Title: DV
Name: JONES, KATHY Y M.D.
Address: 9019 HERITAGE BAY CIRCLE
City-St-Zip: ORLANDO, FL 32836

I hereby 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 all other like empowered.

SIGNATURE: ARTURO L. GUTZMER DP 04/26/2012

Electronic Signature of Signing Officer or Director Date