Apr 19, 2007 8:00 am Secretary of State 2007 FOR PROFIT CORPORATION ANNUAL REPORT 04-19-2007 90193 039 ***150 00 DOCUMENT # P05000115090 1. Entity Name GJW SUNSHINE, INC. 40069486 Principal Place of Business Mailing Address 2410 BRITANNIA ROAD 2410 BRITANNIA ROAD SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-3329596 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WINDISCH, JEAN G Street Address (P.O. Box Number is Not Acceptable) 2410 BRITANNIA ROAD SARASOTA, FL 34231 Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Channe ☐ Addition TITLE WINDISCH, JEAN G NAME NAME STREET ADDRESS STREET ADDRESS 2410 BRITANNIA ROAD CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP Oelete TITLE ☐ Change Addition TITLE WINDISCH, LOWELL M NAME NAME STREET ADDRESS STREET ADDRESS 2410 BRITANNIA ROAD CITY-ST-ZIP SARASOTA, FL 34231 CITY - ST - 7IP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ohance Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Defete TATLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME

12. Thereby 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED