
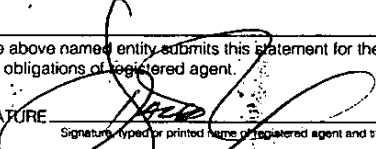
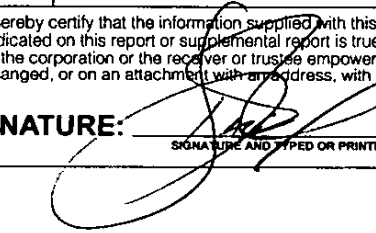


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90005 025 ***150.00

DOCUMENT # P05000126726 1. Entity Name SUNNY ISLAND CARIBBEAN BASKET, INC.			
Principal Place of Business 10621 OLD HAMMOCK WAY WELLINGTON, FL 33414		Mailing Address 10621 OLD HAMMOCK WAY WELLINGTON, FL 33414	
2. Principal Place of Business 3925 JOG RD Suite, Apt. #, etc. _____		3. Mailing Address 3925 JOG RD Suite, Apt. #, etc. _____	
City & State GREENACRES FL		City & State GREENACRES FL	
Zip 33467	Country _____	Zip 33467	Country _____
4. FEI Number 203469563		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 PACHMAN, MARK 1645 PALM BC LAKES BLVD STE 1200 W PALM BCH, FL 33401		7. Name and Address of New Registered Agent Name MICHAEL DALEY Street Address (P.O. Box Number is Not Acceptable) 10621 OLD HAMMOCK WAY City WELLINGTON FL Zip Code 33414	
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  MICHAEL DALEY 9.1.06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT <input type="checkbox"/> Delete NAME MICHAEL DALEY STREET ADDRESS 10621 OLD HAMMOCK WAY CITY-ST-ZIP WELLINGTON FL 33414	TITLE VICE - PRESIDENT <input checked="" type="checkbox"/> Delete NAME KERWIN FORBES STREET ADDRESS 3925 JOG RD CITY-ST-ZIP GREENACRES FL 33467	TITLE VICE - PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME KEVIN JAMES STREET ADDRESS 232 B FOXTAIL DR CITY-ST-ZIP GREENACRES FL 33415	TITLE VICE - PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME KEVIN JAMES STREET ADDRESS 232 B FOXTAIL DR CITY-ST-ZIP GREENACRES FL 33415
TITLE TREASURER <input checked="" type="checkbox"/> Delete NAME JANICE FORBES STREET ADDRESS 3925 JOG RD CITY-ST-ZIP GREENACRES FL 33467	TITLE MAJ VICE - PRESIDENT <input checked="" type="checkbox"/> Delete NAME MARY ROSE JAMES STREET ADDRESS 232 B FOXTAIL DR CITY-ST-ZIP GREENACRES FL 33415	TITLE SECRETARY <input type="checkbox"/> Delete NAME SHARON DALEY STREET ADDRESS 10621 OLD HAMMOCK WAY CITY-ST-ZIP WELLINGTON FL 33414	TITLE SECRETARY/ TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME SHARON DALEY STREET ADDRESS 10621 OLD HAMMOCK WAY CITY-ST-ZIP WELLINGTON FL 33414
TITLE MAJ VICE - PRESIDENT <input checked="" type="checkbox"/> Delete NAME MARY ROSE JAMES STREET ADDRESS 232 B FOXTAIL DR CITY-ST-ZIP GREENACRES FL 33415	TITLE SECRETARY <input type="checkbox"/> Delete NAME SHARON DALEY STREET ADDRESS 10621 OLD HAMMOCK WAY CITY-ST-ZIP WELLINGTON FL 33414	TITLE SECRETARY/ TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME SHARON DALEY STREET ADDRESS 10621 OLD HAMMOCK WAY CITY-ST-ZIP WELLINGTON FL 33414	TITLE SECRETARY/ TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME SHARON DALEY STREET ADDRESS 10621 OLD HAMMOCK WAY CITY-ST-ZIP WELLINGTON FL 33414
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:  MICHAEL DALEY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		9.1.06 561-967-0525 <small>Date Daytime Phone #</small>	