

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000135444

FILED
Jan 12, 2009
Secretary of State

Entity Name: SUNSHINE LIVING REALTY, INC.

Current Principal Place of Business:

SUNSHINE LIVING REALTY, INC.
1420 CELEBRATION BLVD, STE 200
CELEBRATION, FL 34747 US

New Principal Place of Business:

Current Mailing Address:

SUNSHINE LIVING REALTY, INC.
1420 CELEBRATION BLVD, STE 200
CELEBRATION, FL 34747 US

New Mailing Address:

FEI Number: 20-3577634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMASTER, LYNN
SUNSHINE LIVING REALTY, INC.
1420 CELEBRATION BLVD., STE. 200
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

LEMASTER, LYNN B
SUNSHINE LIVING REALTY, INC.
1420 CELEBRATION BLVD., STE. 200
CELEBRATION, FL 34747 US

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: LYNN LEMASTER

01/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: LEMASTER, LYNN
Address: 1420 CELEBRATION BLVD., SUITE 200
City-St-Zip: CELEBRATION, FL 34747 US

Title: T () Delete
Name: BABEC, EVELYN
Address: 1420 CELEBRATION BLVD, STE 200
City-St-Zip: CELEBRATION, FL 34747 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: LEMASTER, LYNN B
Address: 1420 CELEBRATION BLVD., SUITE 200
City-St-Zip: CELEBRATION, FL 34747 US

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

I hereby certify that the information supplied with this filing does not qualify 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: LYNN LEMASTER

PS

01/12/2009

Electronic Signature of Signing Officer or Director

Date