

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000122958

Entity Name: SMOOTH SUNSHINE, INC.

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

815 ORIENTA AVE  
STE 2020  
ALTAMONTE SPRINGS, FL 327015600 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

815 ORIENTA AVE  
STE 2020  
ALTAMONTE SPRINGS, FL 327015600 US

## **New Mailing Address:**

FEI Number: 20-5637373

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

KEICOR CONSULTING, INC.  
815 ORIENTA AVE  
STE 2020  
ALTAMONTE SPRINGS, FL 327015600 US

## **Name and Address of New Registered Agent:**

KCI KEICOR CONSULTING, INC.  
815 ORIENTA AVE  
STE 2020  
ALTAMONTE SPRINGS, FL 327015600 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: KEITH LEHMANN

04/18/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: DP  
Name: LEHMANN, KEITH  
Address: 815 ORIENTA AVE STE 2020  
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

Title: DVP  
Name: LEHMANN, CORAZON P  
Address: 815 ORIENTA AVE STE 2020  
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

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: KEITH LEHMANN

DP

04/18/2010

Electronic Signature of Signing Officer or Director

Date