2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P07000003528

Entity Name: SUNSHINE DOCKS & SUPPLY HOUSE, INC.

Current Principal Place of Business:

265 PEARWOOD CIRCLE WEST
MIDDLEBURG, FL 32068

New Principal Place of Business:

4041 THUNDER HEIGHTS LANE
MIDDLEBURG, FL 32068

Current Mailing Address:

265 PEARWOOD CIRCLE WEST
MIDDLEBURG, FL 32068

New Mailing Address:

4041 THUNDER HEIGHTS LANE
MIDDLEBURG, FL 32068

FEI Number: 20-8226456 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODNESS, APRIL D
265 PEARWOOD CIRCLE WEST
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

GOODNESS, APRIL D
4041 THUNDER HEIGHTS LANE
MIDDLEBURG, FL 32068 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: 04/14/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: GOODNESS, APRIL D
Address: 265 PEARWOOD CIRCLE WEST
City-St-Zip: MIDDLEBURG, FL 32068

Title: DVP ( ) Delete
Name: GOODNESS, TIMOTHY P
Address: 265 PEARWOOD CIRCLE WEST
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: GOODNESS, APRIL D
Address: 4041 THUNDER HEIGHTS LANE
City-St-Zip: MIDDLEBURG, FL 32068

Title: DVP (X) Change ( ) Addition
Name: GOODNESS, TIMOTHY P
Address: 4041 THUNDER HEIGHTS LANE
City-St-Zip: MIDDLEBURG, FL 32068

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: TIMOTHY GOODNESS D 04/14/2009
Electronic Signature of Signing Officer or Director — Date