2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2008 8:00 am
Secretary of State
05-02-2008 90158 011 ***150.00

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DOCUMENT # P07000017900

1. Entity Name
BOUNTIFUL SONSHINE, INC.

Principal Place of Business	Mailing Address
6 HARBOUR ISLE EAST #206 FORT PIERCE FL 34949	6 HARBOUR ISLE EAST #206 FORT PIERCE FL 34949

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5717 BUCHANAN DRIVE	5717 BUCHANAN DRIVE
Suite, Apt. #, etc. FT.	Suite, Apt. #, etc.
City & State FT. PIERCE, FL	City & State FT. PIERCE, FL
Zip / Country 34982 / U.S.A.	Zip / Country 34982 / U.S.A.

4. FEI Number
20-8485296
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LELAND, FRANK 6 HARBOUR ISLE EAST #206 FORT PIERCE FL 34949	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Frank Leland FRANK LEELAND PRESIDENT DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST LELAND, FRANK 6 HARBOUR ISLE EAST, #206 FORT PIERCE FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~FRANK LEELAND~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT FRANK LEELAND 5717 BUCHANAN DRIVE FT. PIERCE, FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Frank Leland FRANK LEELAND PRESIDENT 4/28/08 (772) 201-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #