## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000017900

Entity Name: BOUNTIFUL SONSHINE, INC.

FORT PIERCE, FL 34982

City-St-Zip:

FILED Apr 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5717 BUCHANAN DRIVE FORT PIERCE, FL 34982 **Current Mailing Address: New Mailing Address:** 5717 BUCHANAN DRIVE 5717 BUCHANAN DRIVE #206 FORT PIERCE, FL 34982 FORT PIERCE, FL 34982 FEI Number: 20-8485296 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LELAND, FRANK 6 HARBOUR ISLE EAST #206 FORT PIERCE, FL 34949 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PST ( ) Delete Title: () Change () Addition LELAND, FRANK Name: Name: 6 HARBOUR ISLE EAST, #206 Address: Address: City-St-Zip: FORT PIERCE, FL 34949 US City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: LEELAND, FRANK Name: 5717 BUCHANANAN DRIVE Address: 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: FRANK A. LEELAND PRES 04/28/2009