2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000022384

City-St-Zip:

SAINT CLOUD, FL 34772

Entity Name: SUNSHINE QUEST ACRES, INC.

FILED Jan 09, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|--|---|--------------------------------|---|--|--|
| 2900 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34772 | | | | 2910 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34772 | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| | CANOE CREI OUD, FL 3477 | | | | |
| FEI Number | : 26-2706848 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| 2900 OLD | EMANUEL A CANOE CREI OUD, FL 3477 | | | | |
| The above in the State | e named entity e of Florida. | submits this statement for the | purpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICER | S AND DIREC | CTORS: | ADDITIONS/CHANG | ES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | MOORE, EMAN | IOE CREEK ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | GARCIA-MOOF | IOE CREEK ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | COBY, JANNE |) Delete TTE | Title: Name: Address: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: HILDA GARCIA-MOORE VP 01/09/2009