## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000051631

Entity Name: SUNSHINE POSTAL SERVICES, CORP.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

4200 NW 3RD COURT 9600 W SAMPLE ROAD

#219 401

PLANTATION, FL 33317 CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

4200 NW 3RD COURT 9600 W SAMPLE ROAD 401

CORAL SPRINGS, FL 33065

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SIMPSON, T'SURA M SHARPE, NEVILLE A 4200 NW 3RD COURT 9600 W SAMPLE ROAD

#219 401 PLANTATION, FL 33317 US CORAL SPRINGS, FL 33065 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: NEVILLE SHARPE 04/28/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition SIMPSON, T'SURA M SHARPE, NEVILLE A Name: Name: 4200 NW 3RD COURT 9600 W SAMPLE ROAD # 401 Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: CORAL SPRINGS, FL 33065

Title: VTD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SHARPE, NEVILLE A
 Name:

 Address:
 4200 NW 3RD COURT
 Address:

 City-St-Zip:
 PLANTATION, FL 33317
 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: NEVILLE SHARPE PD 04/28/2008