2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P07000065923

Entity Name: SUNSHINE FLAVORS TRADING, CORP.

Current Principal Place of Business:

304 SW 85 TERRACE STE 109
PEMBROKE PINES, FL 33025

New Principal Place of Business:

304 SW 85 TERRACE
105
PEMBROKE PINES, FL 33025

Current Mailing Address:

304 SW 85 TERRACE STE 109
PEMBROKE PINES, FL 33025

New Mailing Address:

304 SW 85 TERRACE
105
PEMBROKE PINES, FL 33025

FEI Number: 65-1308219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWRENCE, CORENE
304 SW 85 TERRACE STE 109
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

LAWRENCE, CORENE
304 SW 85 TERRACE
105
PEMBROKE PINES, FL 33025 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: CORENE LAWRENCE 04/28/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: LAWRENCE, CORENE
Address: 304 SW 85 TERRACE STE 109
City-St-Zip: PEMBROKE PINES, FL 33025

Title: P ( ) Delete
Name: MORGAN, SHARON
Address: 304 SW 85 TERRACE STE 109
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: LAWRENCE, CORENE
Address: 304 SW 85 TERRACE STE 105
City-St-Zip: PEMBROKE PINES, FL 33025

Title: P (X) Change ( ) Addition
Name: MORGAN, SHARON
Address: 304 SW 85 TERRACE STE 105
City-St-Zip: PEMBROKE PINES, FL 33025

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: CORENE LAWRENCE VP 04/28/2009
Electronic Signature of Signing Officer or Director Date