2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000106408

Entity Name: SUNSHINE 44, INC.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1020 NORTH 9TH AVENUE 6320 NORTH 9TH AVENUE PENSACOLA, FL 32501 US PENSACOLA, FL 32504 US

Current Mailing Address: New Mailing Address:

1020 NORTH 9TH AVENUE P O BOX 509

PENSACOLA, FL 32501 US PENSACOLA, FL 32591 US

FEI Number: 32-0269174 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:

REDDICK, JAMES H 668 WOODLAWN ROAD FREEPORT, FL 32439 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: P/D () Delete Title: P/D (X) Change () Addition

 Name:
 PATEL, PRAKASH
 Name:
 PATEL, PRAKASH

 Address:
 1020 NORTH 9TH AVENUE
 Address:
 P O BOX 509

City-St-Zip: PENSACOLA, FL 32501 US City-St-Zip: PENSACOLA, FL 32591 US

Title: S/D () Delete Title: S/D (X) Change () Addition
Name: PATEL, NAINESH
Name: PATEL, NAINESH

Address: 1020 NORTH 9TH AVENUE Address: P O BOX 509

City-St-Zip: PENSACOLA, FL 32501 US City-St-Zip: PENSACOLA, FL 32591 US

Title: T/D () Delete Title: T/D (X) Change () Addition

 Name:
 PATEL, YOGESH
 Name:
 PATEL, YOGESH

 Address:
 1020 NORTH 9TH AVENUE
 Address:
 P O BOX 509

City-St-Zip: PENSACOLA, FL 32501 US City-St-Zip: PENSACOLA, FL 32591 US

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: PRAKASH PATEL PD 04/13/2009