


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90030 009 ***150.00

DOCUMENT # P08793					
1. Entity Name SUNSHINE MORTGAGE CORPORATION OF GEORGIA					
Principal Place of Business 4441-B SOUTH TAMiami TRAIL SARASOTA, FL 34231 US			Mailing Address 2401 LAKE PARK DR SUITE 300 SMYRNA, GA 30080		
2. Principal Place of Business 2401 Lake Park Drive			3. Mailing Address		
Suite, Apt. #, etc. Suite 300			Suite, Apt. #, etc.		
City & State Smyrna, GA			City & State		
Zip 30080		Country Cobb		4. FEI Number 58-1424004	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RHINEHEART, GARY		NAME		
STREET ADDRESS	2401 LAKE PARK DRIVE, STE. 300		STREET ADDRESS		
CITY-ST-ZIP	SMYRNA, GA 30080		CITY-ST-ZIP		
TITLE	EV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILER-BARRETTE, JULIA E		NAME		
STREET ADDRESS	2401 LAKE PARK DRIVE, STE. 300		STREET ADDRESS		
CITY-ST-ZIP	SMYRNA, GA 30080		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLANCHARD, ELIZABETH		NAME		
STREET ADDRESS	2401 LAKE PARK DRIVE, STE. 300		STREET ADDRESS		
CITY-ST-ZIP	SMYRNA, GA 30080		CITY-ST-ZIP		
TITLE	EV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COPELAND, STEVE		NAME		
STREET ADDRESS	2401 LAKE PARK DRIVE, STE. 300		STREET ADDRESS		
CITY-ST-ZIP	SMYRNA, GA 30080		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:		<i>Julia Hiler Barrette</i>			
		Julia Hiler-Barrette, 1-6-06, 770-437-4100			
		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
		<small>Date Daytime Phone #</small>			