2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

| DOCUMENT # P08793 1. Entity Name SUNSHINE MORTGAGE CORPORATION OF GEORGIA | | | | SA | 01-10-2006 90030 009 ***150.00 | | | |
|--|---|---|---|--|--------------------------------|---------------------------------------|--|--|
| Principal Place of Business 4441-B SOUTH TAMIAMI TRAIL SARASOTA, FL 34231 US Mailing Address 2401 LAKE PARK DR SUITE 300 SMYRNA, GA 30080 | | | | | PFTE 1830 IAANA HENAA IK | il breif breif breif breif bie | 1 6 18 17 6 17 17 17 1 | |
| Principal Place of Business A Mailing Addres Lake Park Drive | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. Suite 300 | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | Chg-P | CR2E034 (11/0 | 05) | |
| City & State | | City & State | | 4. FEI Number 58-1424 | | - | Applied For | |
| Smyrna, ^{Žip} | Country | Zíp | Country | | f Status Desired | | Additional | |
| 30080 | 6. Name and Address of Current Re | enistered Agent | | | ddress of New F | Fee Rec | uired | |
| | o. Halle alle reesess of eather | -gisteres rigett | Name | T. Hame and F | tudicas di netti | tegistered rigent | | |
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | | | |
| | | | City | FL Zip Code | | | | |
| | named entity submits this statement for tions of registered agent. | he purpose of changing its re | egistered office or reg | gistered agent, or both | , in the State of Flo | orida. I am familiar v | ith, and accept | |
| | ions or registered agent. | | | | | | | |
| SIGNATURE_ | <u></u> | | | | | | | |
| | Signature, typed or printed name of registered agent and | tale if applicable (NOTE | Registered Agent signature re | equired when reinstating) | | DATE | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | 9. Election Campaig | n Financing | \$5.00 May Be Added to Fees | | DATE | | |
| | E NOW!!! FEE IS \$150.00 | B. Election Campaig Trust Fund Contril | n Financing | \$5.00 May Be Added to Fees | HANGES TO OFF | DATE | ORS IN 11 | |
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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 eath; that I am an officer or director of the corporation or the receiver or trustee empoyed 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 all other like/empowered.

SIGNATURE:

Julia Hiler-Barrette, 1-6-06, 770-437-4100