2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P25988

Entity Name: SUNSHINE FOUNDATION-THE DREAM MAKER INC.

Current Principal Place of Business:

1041 MILL CREEK DRIVE
FEASTERVILLE TREVOSE, PA 19053 US

New Principal Place of Business:

Current Mailing Address:

1041 MILL CREEK DRIVE
FEASTERVILLE TREVOSE, PA 19053 US

New Mailing Address:

FEI Number: 23-2044056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUNSHINE FOUNDATION
5400 SR 547 NORTH
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	S/TR	( ) Delete
Name:	HOMER, IRV	
Address:	309 STEELE ROAD	
City-St-Zip:	FEASTERVILLE, PA 19047 US	
Title:	P	( ) Delete
Name:	SAMPLE, BILL	
Address:	205 JULIE ROAD	
City-St-Zip:	CHALFONT, PA 18914	
Title:	C	( ) Delete
Name:	HOCH, RICHARD	
Address:	854 ASBURY AVENUE	
City-St-Zip:	OCEAN CITY, NJ 08226	
Title:	VC	( ) Delete
Name:	WARD, JUDY	
Address:	727 EAST 9TH STREET	
City-St-Zip:	CHESTER, PA 19013	
Title:	D	( ) Delete
Name:	FISHER, ROSS	
Address:	P.O BOX 660880	
City-St-Zip:	MIAMI SPRINGS, FL 33266	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL SAMPLE PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date