2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# P93000020007

Entity Name: SUNSHINE PARADISE, INC.

Current Principal Place of Business:

161 SW PALM DRIVE #208
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

5794 NW ZINNIA ST.
PORT SAINT LUCIE, FL 34986 US

Current Mailing Address:

161 SW PALM DRIVE #208
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

5794 NW ZINNIA ST.
PORT SAINT LUCIE, FL 34986 US

FEI Number: 65-0397286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAPHAEL, HARTWIG
161 SW PALM DRIVE #208
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

RAPHAEL, HARTWIG
5794 NW ZINNIA ST.
PORT SAINT LUCIE, FL 34986 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: HARTWIG RAPHAEL 06/30/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VSTD ( ) Delete
Name: RAPHAEL, HARTWIG G
Address: 161 SW PALM DRIVE #208
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: P ( ) Delete
Name: RAPHAEL, JUTTA F.
Address: 161 SW PALM DRIVE #208
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSTD (X) Change ( ) Addition
Name: RAPHAEL, HARTWIG G
Address: 5794 NW ZINNIA ST.
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: P (X) Change ( ) Addition
Name: RAPHAEL, JUTTA F.
Address: 5794 NW ZINNIA ST.
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HARTWIG RAPHAEL VO 06/30/2005
Electronic Signature of Signing Officer or Director Date