


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90025 042 \*\*\*150.00

<b>DOCUMENT # P93000069582</b>	
1. Entity Name <b>SCHMIDT SUNSHINE, INC.</b>	

Principal Place of Business <b>2226 STATE ROAD 580 CLEARWATER, FL 33763-1126</b>	Mailing Address <b>P.O. BOX 631838 LITTLETON, CO 80163</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>475 W. 12th Ave</b>
Suite, Apt. #, etc. <b>#9E</b>	Suite, Apt. #, etc.
City & State <b>Denver CO</b>	City & State
Zip <b>80204</b>	Country <b>USA</b>



02042008 Chg-P CR2E034 (12/06)

4. FEI Number <b>58-2083053</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>HUDOBA, STEPHEN M 101 E KENNEDY BLVD SUITE 3700 BARNETT PLAZA TAMPA, FL 33602</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 =&gt; After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP SCHMIDT JR., ROBERT E. 2226 SR 580 CLEARWATER, FL 337631126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V SCHMIDT III, ROBERT E. 330 E. KILBOURN AVE., SUITE 1454 MILWAUKEE, WI 53202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>311 E. Chicago St #210 Milwaukee WI 53202</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S SCHMIDT, SHARON 330 E. KILBOURN AVE., SUITE 1454 MILWAUKEE, WI 53202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>311 E Chicago St #210 Milwaukee WI 53202</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **2/8/08** **303-421-5462**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #