2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000022651

Address:

City-St-Zip:

610 ISLAND WAY, #601

CLEARWATER, FL 33767

Entity Name: SUNSHINE FINANCIAL SERVICES GROUP, INC.

FILED Jan 15, 2005 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:				
	INOLE BLVD RSBURG, FL	33708			3530 1ST A SUITE 214 ST PETER			US	
Current Mailing Address:					New Mailing Address:				
G	INOLE BLVD RSBURG, FL	33708	US		3530 1ST A SUITE 214 ST PETER			US	
FEI Number:	: 59-3231585	FEI N	umber Applied For()	FEI Nun	nber Not Appl	icable ()	Certific	ate of Status Des	ired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
610 ISLAN CLEARWA The above	, BENJAMIN ID WAY, #601 ATER, FL 33 named entity of Florida.	767 U	Տ this statement for the բ	ourpose o	f changing i	ts registere	d office or	registered ager	nt, or both,
SIGNATUR									
01014/1101		nic Sign	ature of Registered Age	ent				Date	
Election Car	mpaign Financi	ng Trust F	und Contribution ().						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CCS (STETLER, BE 610 ISLAND V CLEARWATE	VAY, #601			Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	PT (DERRY, SHAI 407 S. BAYSH MADEIRA BEA	HORE DR.			Title: Name: Address: City-St-Zip:	ST STETLER, S 610 ISLAND CLEARWAT	SHERRY J WAY,#601	() Addition	
Title: Name:	ST (. STETLER, SH	X) Delete IERRY J			Title: Name:		() Change	() Addition	

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.

Address:

City-St-Zip:

SIGNATURE: BENJAMIN S STETLER CCS 01/15/2005