2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2009
Secretary of State

DOCUMENT# P95000067719

Entity Name: SUNSHINE PARTNERS DEVELOPMENT CORP. I

Current Principal Place of Business:

407 IDLEWYLD
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

407 IDLEWYLD
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0607838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STURGIS, GREGORY
407 IDLEWYLD DRIVE
FT LAUDERDALE, FL 33301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STURGIS, GREGORY
Address: 407 IDLEWYLD
City-St-Zip: FT LAUDERDALE, FL

Title: VPD ( ) Delete
Name: BRAUSER, MICHAEL
Address: 3164 N.E. 31ST AVE
City-St-Zip: LIGHTHOUSE POINT, FL

Title: VPD ( ) Delete
Name: ZALCBERG, IRWIN
Address: 52118 LAKE PARK DRIVE
City-St-Zip: GRAND BEACH, MI

Title: SD ( ) Delete
Name: SMITH, BRUCE R
Address: 316 BAYBERRY DRIVE
City-St-Zip: FT LAUDERDALE, FL

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY STURGIS PD 01/24/2009

Electronic Signature of Signing Officer or Director — Date