

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000002242

FILED
Jul 11, 2007
Secretary of State

Entity Name: GLOBAL OPERATION SUNSHINE, INC.

Current Principal Place of Business:

1136 BRYN MAWR AVENUE
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

1136 BRYN MAWR AVENUE
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 59-3348859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AQUINO, DANILO P M.D.
1136 BRYN MAWR AVENUE
LAKE WALES, FL 33853 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

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: D () Delete
Name: REALISTA, ALFONSO
Address: 3251 FALCON PT, DR
City-St-Zip: KISSIMMEE, FL

Title: D () Delete
Name: AQUINO, MONICA
Address: 1513 N. TAYLOR ST.
City-St-Zip: ARLINGTON, VA 22203

Title: ST () Delete
Name: AQUINO, HEDY
Address: 9655 OAKWOOD DRIVE
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: AQUINO, MELINDA A
Address: 99 JOHN ST #704
City-St-Zip: NEW YORK, NY 10038

Title: P () Delete
Name: AQUINO, DANILO P M.D.
Address: 1136 BRYN MAWR AVENUE
City-St-Zip: LAKE WALES, FL 33853

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

SIGNATURE: D. AQUINO MD

Electronic Signature of Signing Officer or Director

PRES

07/11/2007

_____ Date