

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000091805

FILED
Apr 28, 2004
Secretary of State

Entity Name: SUNSHINE DESIGN OF N.E. FL, INC.

Current Principal Place of Business:

445 STATE RD 13 NORTH
#26
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

7645 GATE PARKWAY
#201
JACKSONVILLE, FL 32256 US

Current Mailing Address:

PMB 368
445 STATE RD 13N # 26
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-3409179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMINS, J. CHRISTOPHER
PMB # 368
445 STATE RD 13 N # 26
JACKSONVILLE, FL 32259 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 (X).

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: COMMINS, J. CHRISTOPHER
Address: 1124 POPOLEE RD
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: COMMINS, J. CHRISTOPHER
Address: 1124 POPOLEE RD
City-St-Zip: JACKSONVILLE, FL 32259

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: J CHRISTOPHER COMMINS

PST

04/28/2004

Electronic Signature of Signing Officer or Director

Date