2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# P97000008299

Entity Name: SUNSHINE EXCHANGE, INC.

Current Principal Place of Business:

C/O BRAIN CAMPBELL
508 NE 190TH STREET
MIAMI, FL 33179

New Principal Place of Business:

508 NE 190TH STREET
MIAMI, FL 33179

Current Mailing Address:

C/O BRAIN CAMPBELL
508 NE 190TH STREET
MIAMI, FL 33179

New Mailing Address:

508 NE 190TH STREET
MIAMI, FL 33179

FEI Number: 20-5075674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LICHTMAN, JONATHAN J P.A.
20283 STATE RD. 7
SUITE 300
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
#250
PLANTATION, FL 33324 US

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: MELVIN MALDONADO 02/26/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: CAMPBELL, BRIAN S
Address: 508 NE 190TH STREET
City-St-Zip: MIAMI, FL 33179

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CAMPBELL, BRIAN S
Address: 508 NE 190TH STREET
City-St-Zip: MIAMI, FL 33179

Title: VPST ( ) Change (X) Addition
Name: JOHNSON, JARED L
Address: 2100 MCKINNEY AVENUE #1200
City-St-Zip: DALLAS, TX 75201

Title: D ( ) Change (X) Addition
Name: FLETCHED, BARRON F III
Address: 2100 MCKINNEY AVENUE #1200
City-St-Zip: DALLAS, TX 75201

Title: D ( ) Change (X) Addition
Name: SHOR, ALAN P
Address: 2525 MCKINNON #700
City-St-Zip: DALLAS, TX 75201

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: BRIAN CAMPBELL PRES 02/26/2009
Electronic Signature of Signing Officer or Director Date