


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000026908</b>	
1. Entity Name: D.M. SUNSHINE SPORTSWEAR, INC.	

Principal Place of Business 770 NE 40TH COURT FT. LAUDERDALE, FL 33334 US	Mailing Address 770 NE 40TH COURT FT. LAUDERDALE, FL 33334 US
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**DO NOT WRITE IN THIS SPACE**

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0738187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MILDEN, RICHARD 942 SE 9 AVENUE POMPANO BEACH, FL 33060	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILDEN, RICHARD 942 SE 9 AVENUE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILDEN, PEGGY A. 942 SE 9 AVENUE POMPANO BEACH, FL 33060
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01/28/08-80043-001 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Peggy A Milden 1-22-08 954 630 0185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #