


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000053058</b> 1. Entity Name SUNSHINE FOLIAGE WORLD, INC.	
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Principal Place of Business 2060 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890	Mailing Address P.O. BOX 328 ZOLFO SPRINGS, FL 33890
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3467324	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  LAMBERT, EDWARD W 2060 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890	DO NOT WRITE IN THIS SPACE
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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.

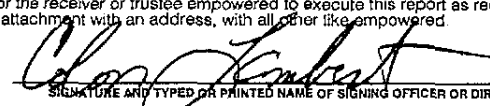
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000348274 05/02/05-80019-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LAMBERT, BILLY M 753 DAFFODIL ST LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST LAMBERT, AMELIA P 753 DAFFODIL ST LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LAMBERT, MARCUS S 2060 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LAMBERT, EDWARD W 2721 BAILES RD ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LAMBERT, DOUGLAS K 2060 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BROWN, CYNTHIA L 11346 SE SHELTER AVE ARCADIA, FL 34266

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> 	Date _____	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		