FILED
Apr 30, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000053058

1. Entity Name
SUNSHINE FOLIAGE WORLD, INC.

Principal Place of Business	Mailing Address
2060 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890	P.O. BOX 328 ZOLFO SPRINGS, FL 33890

DO NOT WRITE IN THIS SPACE

042307007 No Chg-P CR2E031 (11/05)

4. FEI Number
59-3467324
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when applicable)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	LAMBERT, BILLY M
STREET ADDRESS	753 DAFFODIL ST
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	DST
NAME	LAMBERT, AMELIA P
STREET ADDRESS	753 DAFFODIL ST
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	DV
NAME	LAMBERT, EDWARD W
STREET ADDRESS	2721 BAILES RD
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	DV
NAME	LAMBERT, DOUGLAS K
STREET ADDRESS	2060 STEVE ROBERTS SPECIAL
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	DV
NAME	BROWN, CYNTHIA L
STREET ADDRESS	11346 SE SHELFER AVE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000744527
05/15/07-80152-016 150.00

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 119, 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: Edward Lambert 4/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — Daytime Phone #