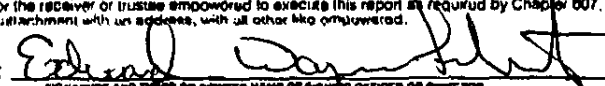


FILED
Apr 30, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000053058 1. Entity Name SUNSHINE FOLIAGE WORLD, INC.		
Principal Place of Business 2060 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890	Mailing Address P.O. BOX 328 ZOLFO SPRINGS, FL 33890	
DO NOT WRITE IN THIS SPACE		
4. FEI Number 69-3487324		
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 _____ (NOTE: Registered Agent signature required when applicable) DATE _____		
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 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, 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 SHELPER AVE ARCADIA, FL 34286	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
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 information.		
SIGNATURE:  4/25/07		

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 05/15/07-80152-016 150.00

**DO NOT WRITE
 IN THIS SPACE**