


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90277 006 ***150.00

DOCUMENT # P98000003660

1. Entity Name
SUNSHINE RESEARCH, INC.



Principal Place of Business 1501 S PINELLAS AVE 3 H TARPON SPRINGS, FL 34689 US	Mailing Address 1501 S PINELLAS AVE 3 H TARPON SPRINGS, FL 34689 US
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04102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3486338	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

**MCSUNAS, THOMAS J
 1501 S PINELLAS AVE
 3H
 TARPON SPRINGS, FL 34689**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 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	DP MCSUNAS, THOMAS J 1500 SUNSET RD B-7 TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GOMEZ, FERNANDO A 1456 LAKEVIEW DR TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gomez, Fernando A 2813 Briarwood Lane Palm harbor, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 correct 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 empowered.

SIGNATURE: *Thomas J. McSunas* **Thomas J. McSunas** President/COO *4/17/04* **727-939-9039**
SIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIRECTOR Date Daytime Phone #