

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047380

Entity Name: SUNSHINE SEMICONDUCTOR, INC.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

1255 BELLE AVE
115
WINTER SPRINGS, FL 32708

New Principal Place of Business:

1440 SUNSET LANE
CASSELBERRY, FL 32707

Current Mailing Address:

1440 SUNSET LANE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3511632 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAVER, JOANNE L
1440 SUNSET LANE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAVER, JOANNE L
Address: 1440 SUNSET LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: VP () Delete
Name: HAVER, DANIEL D
Address: 1440 SUNSET LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: T () Delete
Name: HAVER, DANIEL D
Address: 1440 SUNSET LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: HAVER, JOANNE L
Address: 1440 SUNSET LANE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE L. HAVER

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date