


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90071 047 ***150.00

DOCUMENT # P98000103863						
1. Entity Name SUNSHINE PROFESSIONAL SERVICES, INC.						
Principal Place of Business 12181 DUNHILL DRIVE BOYNTON BEACH, FL 33437			Mailing Address P O BOX 740106 BOYNTON BEACH, FL 33474			
2. Principal Place of Business 6134 N.W. Durian St. Suite, Apt. #, etc.			3. Mailing Address P O Box 881838 Suite, Apt. #, etc.			
City & State Port St. Lucie, FL			City & State Port St. Lucie			
Zip 34986		Country St. Lucie		Zip 34988		
Country St. Lucie		4. FEI Number 65-0885290				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable		
6. Name and Address of Current Registered Agent MOSS, PEGGY J 12181 DUNHILL DRIVE BOYNTON BEACH, FL 33437			7. Name and Address of New Registered Agent Name: <u>Moss, Peggy J.</u> Street Address (P.O. Box Numbers Not Acceptable): <u>6134 N.W. Durian Street</u> City: <u>Port St. Lucie</u> FL <u>34986</u>			
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: <u>Peggy J Moss</u> <u>Peggy J Moss</u> <u>1/25/06</u> <small>Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent must be registered when re-registering)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSS, EDDIE M P.O. BOX 740106 BOYNTON BEACH, FL 33474		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Moss Eddie M P.O. Box 881838 Port St. Lucie, FL 34988	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOSS, PEGGY P.O. BOX 740106 BOYNTON BEACH, FL 33474		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Moss Peggy J P.O. Box 881838 Port St. Lucie, FL 34988	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	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 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: <u>Peggy J Moss</u> <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/25/06</u> <u>772-418-6302</u> <small>Date Daytime Phone #</small>			