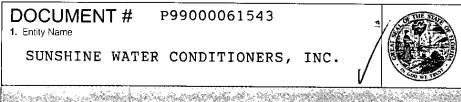
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

2003

DOCUMENT# P99000061543

1. Entity Name

SUNSHINE WATER CONDITIONERS, INC.



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90192 037 ***150.00

DO NOT WRITE IN THIS SPACE				90028914	
2. Principal Place of Business 4802 DRIFT TIDE DRIVE Suite, Apt. #, etc.		3. Mailing Address 4802 DRIFT TIDE DRIVE Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applied For	
NEW PORT RICHEY, FL Zip Country		NEW PORT RICHEY, FL Zip Country		59-3069543	Not Applicable
34652	USACC	34652	USA	5. Certificate of Status Desired \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent Name BISAHA, DAVID A Street Address (P.O. Box Number is Not Acceptable) 6424 WEST RICHARD DRIVE 6424 WEST RICHARD DRIVE 6424 WEST WACHEE FL Zip Code 34607 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
10. OFFICERS AND DIRECTORS					
CITY ST. 7IP 64	SAHA, DAVID A 134 WEST RICHARD EKI WACHEE, FL	DRIVE _34607	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
STREET ADDRESS 64	o ESAHA, DEBRA A 1 2. 4 WEST RICHARD EEKI WACHEE, FL	DRIVE 34607	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPAC	JE
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY ST: ZIP.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	that the information currelled with the	is filing doos not conflict	TITLE 'NAME 'STREET ADDRESS 'CITY'-ST-ZIP	ection 119,07(3)(i), Florida Statutes, I further cer	3.

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #