


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000076353 1. Entity Name SUNSHINE PROMO USA, INC. |  |
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|--|--|
| Principal Place of Business 4000 HIGHWAY 90, SUITE H PACE FL 32571 | Mailing Address 4000 HIGHWAY 90, SUITE H PACE FL 32571 |
|--|--|



1st MOORE CR2E034 (10/04)

| | | | |
|--------------------------------|--------------------|---|---------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number | Applied For Not Applicable |
| Suite, Apt #, etc. | Suite, Apt. #, etc | 59-3605342 | |
| City & State | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip | Country | Zip | Country |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent MOORHEAD, STEPHEN 4300 BAYOU BLVD., SUITE 13 PENSACOLA FL 32503 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | D <input type="checkbox"/> Delete KIMBROUGH, BILLY M 8846 CHUMUCKLA HIGHWAY PACE FL 32571 |
| NAME | D <input type="checkbox"/> Delete KIMBROUGH, PAULAUISE K 8846 CHUMUCKLA HIGHWAY PACE FL 32571 |
| STREET ADDRESS | D <input type="checkbox"/> Delete FREE, KIM 4000 HIGHWAY 90, SUITE H PACE FL 32571 |
| CITY - ST - ZIP | <input type="checkbox"/> Delete |
| CITY - ST - ZIP | <input type="checkbox"/> Delete |
| CITY - ST - ZIP | <input type="checkbox"/> Delete |
| CITY - ST - ZIP | <input type="checkbox"/> Delete |
| CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

U000000322534
04/22/05-80011-012 150.00

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 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: *Kim Free* 2/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Uselimo Phone #