2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2006 08:00 AN DOCUMENT # P99000078083 **Secretary of State** SUNSHINE OIL & GAS PRODUCTS, INC. Principal Place of Business Mailing Address 1106 N.W. 129TH PLACE 1106 N.W. 129TH PLACE MIAMI, FL 33182 MIAMI, FL 33182 02132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0946482 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALVEAR, RAFAEL DO NOT WRITE 1106 N.W. 129TH PLACE MIAMI, FL 33182 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. DATE Signature, typed or printed name of registered agent and title I applicable. [NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PO NAME ALVEAR, ASTRID 8521 S.W. 86TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 U00000442759 U3/U4/06-80035-007 150.00 TITLE ALVEAR, RAFAEL NAME STREET ADDRESS 1106 N.W. 129TH PLACE C(TY-51-ZIP MIAMI, FL 33182 MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-51-ZIP MANE 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-17-06

305-554-6045

Date

Daytime Phone #