2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # S07101

1. Entity Name
SUNSHINE EVENTS, INC.

Principal Place of Business	Mailing Address
1120 S. FEDERAL HWY SUITE 200 DELRAY BEACH, FL 33483 US	1120 S. FEDERAL HWY SUITE 200 DELRAY BEACH, FL 33483 US

DO NOT WRITE IN THIS SPACE

02032007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3037457
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZENGAGE, JIM
1120 S. FEDERAL HWY SUITE 200
DELRAY BEACH, FL 33483

DO NOT WRITE 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DVT
NAME	ZENGAGE, KENNETH R
STREET ADDRESS	201 E. BOYNTON BEACH BLVD.
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	DPS
NAME	ZENGAGE, JAMES
STREET ADDRESS	1120 S. FEDERAL HIGHWAY SUITE 200
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

H00000628476
02/16/07-80014-008 158.75

DO NOT WRITE IN THIS SPACE

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: _____ Jim Zengage 2/05/07 (561) 274-3100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #