2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S27771

1. Entity Name
SUNSHINE REAL ESTATE, INC.

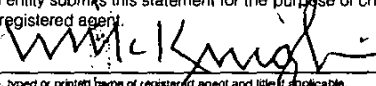| Principal Place of Business	Mailing Address
POST OFFICE BOX 1110	POST OFFICE BOX 1110
BRANDON, FL 33509-1110	BRANDON, FL 33509-1110

DO NOT WRITE IN THIS SPACE

90075309

04112008   No Chg-P   CR2E034 (11/05)

4. FEI Number — **65-0275746** — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MCKNIGHT, BILL
1201 OAKFIELD DR.
S-107
BRANDON, FL 33511

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCKNIGHT, WILLIAM D
STREET ADDRESS	805 ARROWHEAD LANE
CITY-ST-ZIP	BRANDON, FL
TITLE	S
NAME	MCKNIGHT, KATHRYN A
STREET ADDRESS	805 ARROWHEAD LANE
CITY-ST-ZIP	BRANDON, FL
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	

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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   Date   Daytime Phone #