

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S76726

FILED
Jul 10, 2009
Secretary of State

Entity Name: SUNSHINE BOUQUET COMPANY

Current Principal Place of Business:

2019 NW 89TH PLACE.
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 892
DAYTON, NJ 088100892 US

New Mailing Address:

FEI Number: 65-0279476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BOULEVARD
SUITE 1500 CRM
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: SIMKO, JOHN D.
Address: 10205 CORAL CREEK ROAD
City-St-Zip: CORAL GABLES, FL 33156

Title: D () Delete
Name: SIMKO, KATHLEEN
Address: 10205 CORAL CREEK ROAD
City-St-Zip: CORAL GABLES, FL 33156

Title: VP () Delete
Name: LANE, BRUCE
Address: 76 COVERED BRIDGE TR
City-St-Zip: RICHBORO, PA 18954

Title: VP () Delete
Name: SMITH, ERIC P
Address: 11501 SW 65TH CT
City-St-Zip: PINECREST, FL 33156

Title: VP () Delete
Name: REGISTER, STEVEN
Address: 2478 INAQUA AVE
City-St-Zip: COCONUT CREEK, FL 33133

Title: VST (X) Delete
Name: JOHNSTON, ANDREW S
Address: 1 LA VALENCIA ROAD
City-St-Zip: OLD BRIDGE, NJ 08857

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: SIMKO, JOHN D
Address: 10205 CORAL CREEK ROAD
City-St-Zip: CORAL GABLES, FL 33156

Title: D (X) Change () Addition
Name: SIMKO, KATHLEEN
Address: 10205 CORAL CREEK ROAD
City-St-Zip: CORAL GABLES, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VST (X) Change () Addition
Name: JOHNSTON, ANDREW S
Address: 1 LA VALENCIA ROAD
City-St-Zip: OLD BRIDGE, NJ 08857

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW S. JOHNSON

VST

07/10/2009

Electronic Signature of Signing Officer or Director

_____ Date