

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 346329

FILED
Mar 15, 2006
Secretary of State

Entity Name: 3290 SUNRISE INVESTMENTS, INC.

Current Principal Place of Business:

3291 W. SUNRISE BLVD.
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

3291 W. SUNRISE BLVD.
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 59-1270576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNSTEIN, ELIZABETH
3438 LAKE WORTH RD
LAKE WORTH, FL 33461 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HENN, BETTY
Address: 1000 N. STATE ROAD 7
City-St-Zip: MARGATE, FL 33063

Title: VD () Delete
Name: LEVERITT, EDWARD
Address: 1000 N. STATE ROAD 7
City-St-Zip: MARGATE, FL 33063

Title: STD (X) Delete
Name: HENN, JEFF
Address: 1000 N. STATE ROAD 7
City-St-Zip: MARGATE, FL 33063

Title: D (X) Delete
Name: GOLROBIT, JERRY
Address: 1000 N. STATE ROAD 7
City-St-Zip: MARGATE, FL 33063

Title: D (X) Delete
Name: BARNSTEIN, ELIZABETH
Address: 1000 N. STATE ROAD 7
City-St-Zip: MARGATE, FL 33063

Title: D (X) Delete
Name: CATHERS, CHRISTINA A
Address: 3291 W SUNRISE BLVD
City-St-Zip: FT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HENN, BETTY
Address: 3291 WEST SUNRISE BLVD
City-St-Zip: FT. LAUDERDALE, FL 33311 US

Title: STD (X) Change () Addition
Name: CATHERS, CHRISTINA A
Address: 3291 WEST SUNRISE BLVD
City-St-Zip: FT LAUDERDALE, FL 33311

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BETTY HENN

PD

03/15/2006

Electronic Signature of Signing Officer or Director

_____ Date