2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121799

KUKER, GALÎTE B

FORT LAUDERDALE, FL 33316

227 SOUTH FORT LAUDERDALE BEACH BLVD

Name:

Address:

City-St-Zip:

Entity Name: DMS HOLDINGS SUNRISE, INC

FILED Apr 29, 2009 Secretary of State

_many man	mer biviorio	EBINOO CONTROL, INC.			
Current P	rincipal Place	e of Business:	New Principal Place	of Business:	
	H FORT LAUI JDERDALE, F	DERDALE BEACH BLVD L 33316			
Current M	lailing Addre	ss:	New Mailing Address	:	
	H FORT LAUI JDERDALE, F	DERDALE BEACH BLVD L 33316			
FEI Number	: 65-1159506	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of New Registered Agent:		
9200 S. DA SUITE 508	IOWARD L ADELAND BO 3 33156 US	ULEVARD			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SETTON, DAN 227 SOUTH FO) Delete IEL DRT LAUDERDALE BEACH BLVD RDALE, FL 33316	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SETTON, ESTI 227 SOUTH FO) Delete HER DRT LAUDERDALE BEACH BLVD RDALE, FL 33316	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KUKER, SETH) Delete LAND BOULEVARD, SUITE 508 156	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DANIEL SETTON	MR.	04/29/2009
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