

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059019

FILED
Apr 28, 2005
Secretary of State

Entity Name: SUNRISE IMAGINATIONS, INC.

Current Principal Place of Business:

1089 ATLANTIC BLVD STE 1
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

1089 ATLANTIC BLVD
STE 1
ATLANTIC BEACH, FL 32233

Current Mailing Address:

1089 ATLANTIC BLVD STE 1
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 45-0479371 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HALPERN, LAURENCE
1522 LANDING LN
NEPTUNE BEACH, FL 32266 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: P () Delete
Name: HALPERN, LARRY
Address: 1522 LANDING LN
City-St-Zip: NEPTUNE BCH, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HALPERN, LAURENCE
Address: 1522 LANDING LN
City-St-Zip: NEPTUNE BCH, FL 32266

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAURENCE HALPERN

P

04/28/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date