2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2012
Secretary of State

DOCUMENT# P08000023486

Entity Name: SUNRISE INSURANCE SYSTEMS, INC.

Current Principal Place of Business:

4117 LITTLE RD
SUITE 101
TRINITY, FL 34655 US

New Principal Place of Business:

1817 CYPRESS BROOK DR
SUITE 105
TRINITY, FL 34655 US

Current Mailing Address:

4117 LITTLE RD
SUITE 101
TRINITY, FL 34655 US

New Mailing Address:

1817 CYPRESS BROOK DR
SUITE 105
TRINITY, FL 34655 US

FEI Number: 26-2101886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FULTON, R. KEITH
4117 LITTLE RD
SUITE 101
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

FULTON, R. KEITH
1817 CYPRESS BROOK DR
SUITE 105
TRINITY, FL 34655 US

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: R KEITH FULTON 04/11/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: FULTON, R. KEITH
Address: 1817 CYPRESS BROOK DR, SUITE 105
City-St-Zip: TRINITY, FL 34655 US

Title: VP
Name: FULTON, R. KEITH
Address: 1817 CYPRESS BROOK DR, SUITE 105
City-St-Zip: TRINITY, FL 34655 US

Title: S/T
Name: FULTON, R. KEITH
Address: 1817 CYPRESS BROOK DR, SUITE 105
City-St-Zip: TRINITY, FL 34655 US

I hereby 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 all other like empowered.

SIGNATURE: R KEITH FULTON PVST 04/11/2012
Electronic Signature of Signing Officer or Director Date