2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State
04-17-2007 90240 013 ***150.00

DOCUMENT # 334768

1. Entity Name
SUNRISE NATURAL FOODS, INC.

Principal Place of Business	Mailing Address
233 ROYAL POINCIANA WAY PALM BEACH, FL 33480	233 ROYAL POINCIANA WAY PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

04072007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1280928
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANGELL CORPORATE SERIVCES INC
ONE N. CLEMATIS STREET
STE 400
WEST PALM BEACH, FL 33401

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	WELFELD, ANN A
STREET ADDRESS	341 BRAZILIAN AVE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	S
NAME	WELFELD, MARVIN J JR.
STREET ADDRESS	341 BRAZILIAN AVE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/9/2007 5616553557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANN A. WELFELD Date Daytime Phone #