2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002394

BAY CITY, MI 48706

City-St-Zip:

FILED Jan 05, 2004 Secretary of State

Entity Name: SUNRISE NATIONAL DISTRIBUTORS, INC. **Current Principal Place of Business: New Principal Place of Business:** 6004 WESTSIDE SAGINAW RD BAY CITY, MI 48706 **Current Mailing Address: New Mailing Address:** 6004 WESTSIDE SAGINAW RD BAY CITY, MI 48706 FEI Number: 38-3011869 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: CARMONA, SCOTT 1918 WEST PRINCETON STREET ORLANDO, FL 32804 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CARMONA, SCOTT L Name: Name: 1918 WEST PRINCETON Address: Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: ARMSTEAD, SHANNAN Name: 6004 WESTSIDE SAGINAW RD Address: Address:

City-St-Zip:

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: SCOTT CARMONA **PRES** 01/05/2004