

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002394

FILED
Jan 10, 2005
Secretary of State

Entity Name: SUNRISE NATIONAL DISTRIBUTORS, INC.

Current Principal Place of Business:

6004 WESTSIDE SAGINAW RD
BAY CITY, MI 48706

New Principal Place of Business:

Current Mailing Address:

6004 WESTSIDE SAGINAW RD
BAY CITY, MI 48706

New Mailing Address:

FEI Number: 38-3011869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARMONA, SCOTT
1918 WEST PRINCETON STREET
ORLANDO, FL 32804 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: DP () Delete
Name: CARMONA, SCOTT L
Address: 1918 WEST PRINCETON
City-St-Zip: ORLANDO, FL 32824

Title: DT () Delete
Name: ARMSTEAD, SHANNAN
Address: 6004 WESTSIDE SAGINAW RD
City-St-Zip: BAY CITY, MI 48706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: WESTON, SHANNAN
Address: 6004 WESTSIDE SAGINAW RD
City-St-Zip: BAY CITY, MI 48706

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: SHANNAN WESTON

DT

01/10/2005

Electronic Signature of Signing Officer or Director

_____ Date