2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 04, 2006
Secretary of State

DOCUMENT# H46298

Entity Name: SUNRISE SYSTEMS OF BREVARD, INC.

Current Principal Place of Business:

280 N. BURNETT RD.
COCOA, FL 32926 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3188
COCOA, FL 329243188 US

New Mailing Address:

FEI Number: 59-2567521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROWE, MICHAEL E PTS
450 ISLAND BEACH BOULEVARD
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

CROWE, MICHAEL E P
450 ISLAND BEACH BOULEVARD
MERRITT ISLAND, FL 32952 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: MICHAEL E. CROWE 10/04/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete
Name: CROWE, MICHAEL E
Address: 450 ISLAND BEACH BLVD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete
Name: CROWE, MICHAEL E
Address: 450 ISLAND BEACH BLVD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S/T ( ) Delete
Name: GIGANTELLI, VICTORIA A
Address: 2020 JANA COURT
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CROWE, MICHAEL E
Address: 450 ISLAND BEACH BLVD
City-St-Zip: MERRITT ISLAND, FL 32952

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHAEL E. CROWE P 10/04/2006
Electronic Signature of Signing Officer or Director Date