

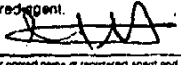
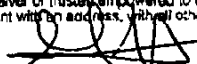
Mar 07 06 03:02p

Archie Middleton

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90054 012 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # J01848			
1. Entity Name SUNRISE DENTAL, INC.			
Principal Place of Business 17820 SE 109TH AVE. SUMMERFIELD, FL 34491		Mailing Address 1380 N BLVD W LEESBURG, FL 34748-3900	
2. Principal Place of Business 500 SOUTH HIGHLAND ST		3. Mailing Address 500 South Highland St	
Suite, Apt. #, etc. Mount Dora		Suite, Apt. #, etc. MT. Dora	
City & State Florida		City & State FL	
Zip 32757	Country USA	Zip 32757	Country USA
4. FEI Number 59-2627309		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIDDLETON, MANUEL RODRIGUEZ 1380 N. BLVD. WEST LEESBURG, FL 32748		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 03-9-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ED MIDDLETON, MANUEL R. 7201 CHESTER HILL CR. MT. DORA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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, without other like empowered.			
SIGNATURE: 		DATE 03-9-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Signature Phone # 352-308-9873	