2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J01848

Entity Name: SUNRISE DENTAL, INC.

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1380 N BLVD W STE B 7201 CHESTERHILL LN LEESBURG, FL 34748 MOUNT DORA, FL 32757

Current Mailing Address: New Mailing Address:

7201 CHESTERHILL W 7201 CHESTERHILL LN MOUNT DORA, FL 32757 MOUNT DORA, FL 32757

FEI Number: 59-2627309 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:

MIDDLETON, MANUEL RODRIGUEZ
1380 N. BLVD. WEST
LEESBURG, FL 32748 US

MIDDLETON, MANUEL RODRIGUEZ
7201 CHESTERHILL LN
MOUNT DORA, FL 32757 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: 03/11/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED () Delete Title: () Change () Addition

| Name: | MIDDLETON, MANUEL R., | Name: | Address: | 7201 CHESTER HILL CR. | Address: | City-St-Zip: | MT.DORA, FL | City-St-Zip: | City-St-Z

I hereby certify that the information supplied with this filing does not qualify 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: MANUEL RODRIGUEZ MIDDLETON ED 03/11/2009