



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90504 050 ***150.00

DOCUMENT # J22757 1. Entity Name SUNRISE ACCOUNTING SERVICES, INC.			
Principal Place of Business 2404 HOLLYWOOD BLVD HOLLYWOOD, FL 33020		Mailing Address 2404 HOLLYWOOD BLVD HOLLYWOOD, FL 33020	
2. Principal Place of Business 1909 Tyler Street Suite, Apt. #, etc. 603 City & State Hollywood, FL Zip 33020 Country USA		3. Mailing Address 1909 Tyler Street Suite, Apt. #, etc. 603 City & State Hollywood, FL Zip 33020 Country USA	
			
		04272005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2693761		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLASH, THOMAS 2404 HOLLYWOOD BOULEVARD HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name Thomas Klash Street Address (P.O. Box Number is Not Acceptable) 1909 Tyler Street # 603 City Hollywood FL Zip Code 33020	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD KLASH, THOMAS W 2404 HOLLYWOOD BLVD HOLLYWOOD, FL	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1909 Tyler Street # 603 Hollywood, FL 33020
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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, with all other like empowered.			
SIGNATURE: <i>Thomas Klash</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/27/05 Daytime Phone # 954 925 4900	