2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039113

FILED
Jan 19, 2007
Secretary of State

Entity Name: SUNRISE GLOBAL TRADING, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
2295 S. HIAWASSEE ROAD SUITE 409 ORLANDO, FL 32385	2295 S. HIAWASSEE ROAD SUITE 409 ORLANDO, FL 32835
Current Mailing Address:	**New Mailing Address:**
2295 S. HIAWASSEE ROAD SUITE 409 ORLANDO, FL 32385	2295 S. HIAWASSEE ROAD SUITE 409 ORLANDO, FL 32835

FEI Number: 20-1750697   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:**
DOWLING, LINDA J 2295 S. HIAWASSEE ROAD SUITE 409 ORLANDO, FL 32385 US	DOWLING, LINDA J 2295 S. HIAWASSEE ROAD SUITE 409 ORLANDO, FL 32835 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: LINDA DOWLING   01/19/2007

_____   _____
Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title: ( ) Change ( ) Addition
Name:	DOWLING, MICHAEL J	Name:
Address:	13604 LAKE CAWOOD DRIVE	Address:
City-St-Zip:	WINDERMERE, FL 34786	City-St-Zip:

Title:	MGR ( ) Delete	Title: ( ) Change ( ) Addition
Name:	DOWLING, LINDA J	Name:
Address:	13604 LAKE CAWOOD DRIVE	Address:
City-St-Zip:	WINDERMERE, FL 34786	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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LINDA J. DOWLING   MGR   01/19/2007

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date