2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# L05000071888

Entity Name: SUNRISE CREDIT SERVICES, LLC

Current Principal Place of Business:

3202 COLWELL AVE. #1402
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 280374
TAMPA, FL 33682

New Mailing Address:

FEI Number: 05-0625399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BULLEN, GIFFARD
11500 SUMMIT WEST BLVD. #29F
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MCLEAN, ALICIA
Address: 3202 COLWELL AVE. #1402
City-St-Zip: TAMPA, FL 33614

Title: MGR ( ) Delete
Name: BULLEN, GIFFARD
Address: 11500 SUMMIT WEST #29F
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: BULLEN, GIFFARD
Address: 11500 SUMMIT WEST #29F
City-St-Zip: TAMPA, FL 33617

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: GIFFARD BULLEN MGRM 01/17/2006

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