


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90055 037 \*\*\*150.00

<b>DOCUMENT # L75760</b>		
1. Entity Name <b>SUNRISE CREATIVE BUSINESS, INC.</b>		

Principal Place of Business <b>1427 S.W. 47TH TERRACE CAPE CORAL, FL 33914</b>	Mailing Address <b>C/O SIGNOR, HERBERT HOEHEN STR 42 12, INNSBRUCK TYROL AUSTRIA A-602, XX</b>
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2. Principal Place of Business - No P.O. Box # <b>1318 Lafayette St</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Cape Coral Florida</b>	City & State
Zip <b>33904</b>	Country

03202007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0195879**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL, FL 33904</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIGNOR, HERBERT 1427 SW 47TH TERRACE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

**SIGNATURE:** Thomas W Hill **Thomas W. Hill** **3-20-07** **239-549-2444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #