2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # L75760



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

04-02-2007 90055 037 ***150.00

1. Entity Name SUNRISE		IVE BUSINESS, IN	C.							
1427 S.W. 47TH TERRACE CAPE CORAL, FL 33914			Mailing Address C/O SIGNOR, HERBERT HOEHEN STR 42 12, IN AUSTRIA A-602,	C/O SIGNOR, HERBERT HOEHEN STR 42 12, INNSBRUCK TYROL					6/1 /1 1/10// 1/10/	1 10 1 16 1 0 1 1
1318 La Jayette SI			3. Mailing Address Suite, Apt. #. etc.			03202007	Cha B			
City & State	Cora	1 Florida	City & State			4. FEI Numb 65-019				plied For
339	04	Country	Zip	Coun	try	5. Certificate	of Status Desired	ا "	8.75 Add ee Require	litional
	_6. Name	and Address of Current F	legistered Agent,		Name	7. Name and	Address of New R	egistered A	gent.	
HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL, FL 33904						ss (P.O. Box Numb	er is Not Acceptable	•)		
CAPE COR	TAL, PL 3	33904			City		**************************************	FL	Zip Codi	e
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	ions of regist		the purpose of changing its	register	ed onice or regi	isiered agent, or be	nii, iii the state oi ric	nua. Fairi i	allilleat witti,	and accept
SIGNATURE_	Signature: typed	or printed name of registered agent a	nd tille it applicable. (NOTE	Registere	a Agent signature requ	jured when reinstatrig)		DATE		
		FEE IS \$150.00 7 Fee will be \$550.0	9. Election Campai Trust Fund Conti			\$5.00 May Be Added to Fees				
			Trust Fund Conti			Added to Fees	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
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12. I hereby certify that the information supplied with this filling 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:	Chomas W Hill	Thomas W. Hill	3-20-07	239-549-244
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	Date	Daytime Phone #	