2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# N02000006192

Entity Name: SUNRAISE FUNDRAISING COMPANION, INC.

Current Principal Place of Business:

627 LIVE OAK LANE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

627 LIVE OAK LANE
WESTON, FL 33327

New Mailing Address:

FEI Number: 41-2055237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GBS CONSULTANTS
18501 PINES BLVD STE 201
PEMBROKE PINES, FL 33029 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

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: JACQUIER, CHRISTINE C CEO
Address: 627 LIVE OAK LANE
City-St-Zip: WESTON, FL 33327 US

Title: V/D ( ) Delete
Name: GARCIA, JORGE A
Address: 627 LIVE OAK LANE
City-St-Zip: WESTON, FL 33327 US

Title: M/T ( ) Delete
Name: GARCIA, PIERRE E
Address: 627 LIVE OAK LANE
City-St-Zip: WESTON, FL 33327 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: JACQUIER, MARTINE J CEO
Address: 627 LIVE OAK LANE
City-St-Zip: WESTON, FL 33327 US

Title: V/D (X) Change ( ) Addition
Name: JACQUIER, CHRISTINE C
Address: 627 LIVE OAK LANE
City-St-Zip: WESTON, FL 33327 US

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

Title: D ( ) Change (X) Addition
Name: GARCIA, JORGE A
Address: 627 LIVE OAK LANE
City-St-Zip: WESTON, FL 33327 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTINE J JACQUIER P/D 04/14/2008

Electronic Signature of Signing Officer or Director — Date