

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012790

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: SONRISE PUBLISHING INC.

**Current Principal Place of Business:**

10537 VALENTINE ROAD SOUTH  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

10537 VALENTINE ROAD SOUTH  
TALLAHASSEE, FL 32317

**New Mailing Address:**

FEI Number: 20-2268874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CREWS, SHARON  
10537 VALENTINE ROAD SOUTH  
TALLAHASSEE, FL 32317 US

**Name and Address of New Registered Agent:**

CREWS, SHARON L  
10537 VALENTINE ROAD SOUTH  
TALLAHASSEE, FL 32317 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: SHARON L CREWS

04/14/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CREWS, SHARON  
Address: 10537 VALENTINE ROAD SOUTH  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete  
Name: BRANNON, CHRISTINA  
Address: 3788 FORSYTHE WAY  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: LEONARD, DEBORAH  
Address: 5435 APPLIEDORE LANE  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CREWS, SHARON L  
Address: 10537 VALENTINE ROAD SOUTH  
City-St-Zip: TALLAHASSEE, FL 32317

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

Title: D (X) Change ( ) Addition  
Name: LEONARD, DEBORAH  
Address: 3564 STOWE TRACE  
City-St-Zip: TALLAHASSEE, FL 32309

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: SHARON L CREWS

D

04/14/2008

Electronic Signature of Signing Officer or Director

Date