


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N19427 1. Entity Name SUNRISE POPS, INC.	
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Principal Place of Business 10610 OAKLAND PARK PARK SUNRISE, FL 33351	Mailing Address 10610 OAKLAND PARK BLVD SUNRISE, FL 33351
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01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2798245	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PEARL, MINNIE 2700 SUNRISE LAKES DRIVE WEST 303 SUNRISE, FL 33321

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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000000478327
04/08/06-80001-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEARL, MINNIE 2700 SUNRISE LAKES DRIVE WEST - 303 SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENSTEIN, GOLDIE 2951 SUNRISE LAKES DR EAST 201 SUNRISE, FL 33322
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Minnie Pearl
Date **3/20/06**

Daytime Phone #