

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

FILED
Jan. 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N36679		
1. Entity Name EASTER SUNRISE SERVICE, INC.		
Principal Place of Business C/O REX I FRIEZE BOX 560052 ORLANDO, FL 32856	Mailing Address C/O REX I FRIEZE BOX 560052 ORLANDO, FL 32856	
DO NOT WRITE IN THIS SPACE		
		 01042006 No Chg-NP CR2E037 (11/05)
		4. FEI Number 59-2986735
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
FRIEZE, REX I 1412 CONWAY ISLE CIRCLE ORLANDO, FL 32809		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 _____ (NOTE: Registered Agent signature required when reinstating)		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORSCH, J V 1027 FEATHERSTONE CIR OCOOE, FL 34761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRIEZE, REX I 3541 JENNIE JEWEL PL ORLANDO, FL 32806	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARSHALL RICE 100 SUNPORT LANE ORLANDO, FL 32832	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKINNER, CHARLES 5021 EBBLESTON AVENUE SUITE C ORLANDO, FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, LISA 1065 RANIER DRIVE ALTAMONTE SPRINGS, FL 32714	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u> REX FRIEZE</u> 1-5-06 407-251-5500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		