


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90024 014 ****61.25

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
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40044537



2. Principal Place of Business - No P.O. Box # 1065 Rainer Drive	3. Mailing Address 1065 Rainer Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip 32714	Zip 32714
Country	Country

02132007 Chg-NP CR2E037 (12/06)

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		7. Name and Address of New Registered Agent Name Hoge, James S. Street Address (P.O. Box Number is Not Acceptable) 1065 Rainer Drive City Altamonte Springs FL Zip Code 32714	
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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: *James S. Hoge* DATE: 3-26-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORSCH, J V 1027 FEATHERSTONE CIR OCFEE, FL 34761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Hoge, James S 443 Timber Ridge Dr Longwood, FL 32719 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FRIEZE, REX I 3541 JENNIE JEWEL PL ORLANDO, FL 32806 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Chapman, Dean 119 E. Wyndham Ct. Longwood, FL 32719 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARSHALL RICE 100 SUNPORT LANE ORLANDO, FL 32832 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Kenyon III, Gaylord C. 1124 Brantley Estates Dr. Altamonte Springs, FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SKINNER, CHARLES 5021 EBBLESTON AVENUE SUITE C ORLANDO, FL 32804 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Law, Judy 588 Brantley Terr Way #109 Altamonte Springs, FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIAMS, LISA 1065 RANIER DRIVE ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James S. Hoge* **James S. Hoge** DATE: 3-26-07 DAYTIME PHONE: 407-869-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR