

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 08, 2007  
Secretary of State**

DOCUMENT# N96000002140

Entity Name: SUNRISE COMMUNITY SERVICES, INC.

**Current Principal Place of Business:**

9040 SUNSET DRIVE  
SUITE A  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LESLIE W. LEECH, JR  
9040 SUNSET DR  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 65-0662366      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LEECH, LESLIE W JR.  
9040 SUNSET DRIVE  
MIAMI, FL 33173      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: D      ( ) Delete  
Name: WEINGER, STEVEN M  
Address: 2650 SW 27 AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: D      ( ) Delete  
Name: GREENBERG, BARNETT A  
Address: 7761 SW 176 STREET  
City-St-Zip: MIAMI, FL 33157

Title: D      ( ) Delete  
Name: WYCOFF, MARILYN  
Address: 4208 SW 138 PLACE  
City-St-Zip: MIAMI, FL 33175

Title: P      ( ) Delete  
Name: LEECH, LES LIE W JR  
Address: 9040 SUNSET DRIVE  
City-St-Zip: MIAMI, FL 33173

Title: ST      ( ) Delete  
Name: WEEKS, JAMES G  
Address: 9040 SUNSET DRIVE  
City-St-Zip: MIAMI, FL 33173

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLIE W. LEECH, JR.

PRES

02/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date