## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2006 08:00 AM Secretary of State

DOCUMENT # P0000007685  t. Entity Name SUNRISE PARTNERS, INC.				getretary	orstate	
Principal Place of Business Mailing Address  318 WHITE OAK DRIVE 318 WHITE OAK DRIVE ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 3270			701	t caractillare to d'are	 	1833 SEE SOE GOE CHICE H 1860
	O NOT WRITE II	N THIS SPA	CE	03292006	No Chg-P CF	R2E034 (11/05)
				59-36293 5. Certificate of \$	· - · · · · · ·	\$8.75 Additional Fee Required
318 WHIT	6. Name and Address of Current Regis N, PEGGY B E OAK DRIVE ITE SPRINGS, FL 32701	eres Agent			IOT WRI	Property of the second
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 Sonature, uped or proted name of registered agent and trise if applicable. (NOTE: Registered Agent signature require				when reinstating)	0	ATE
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				00 May Be ad to Fees	, , , , , , , , , , , , , , , , , , ,	
TO.  SITLE  NAME  SIREET ADDRESS  CITY-ST-2P	P HARBISON, PEGGY 318 WHITE OAK DRIVE ALTAMONTE SPRINGS, FL 32701	TORS			U00000502	<b>138</b>
1772.E NAME STREET ADDRESS DITY-ST-ZIP	ST HARBISON, PEGGY B. 318 WHITE OAK DRIVE ALTAMONTE SPRINGS, FL 32701					93-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		· · · · · · · · · · · · · · · · · · ·	IOT WRI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					HIS SPA	
NAMIC STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CRIV-SI-ZIP						
12. Thereby 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 flustee empowered to execute this report as required by Chapter 507. 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: PROPORE AND TYPEN MARKING MEDICAL PROPORTION TO THE BOOK OF THE BOO