2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000003274

SUNRISE-SUNSET CORPORATION



FILED Apr 18, 2007 08:00 A Secretary of State

Principal Place of Business

52 COUNTRY CLUB ROAD COCOA BEACH, FL 32931 Mailing Address

52 COUNTRY CLUB ROAD COCOA BEACH, FL 32931



DO	NOT	WRI	TE	IN	THIS	SSF	ACE
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No Chg-P CR2E034 (11/05) 04052007

Applied For 4. FEI Number 59-3697284 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BURKE, MATTHEW T CPA 503 N ORLANDO AVE. STE. 106 COCOA BEACH, FL 32931

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	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registe	ared Agent signature	required when reinstating)	DATE			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS		. .				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAYNES, DAVID W 52 COUNTRY CLUB ROAD COCOA BEACH, FL 32931							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HAYNES, DONALD F 52 COUNTRY CLUB RD. COCOA BEACH, FL 32931							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000714712 : 04/27/07-80035-004 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		The second of		Sign Committee and the committ	: UM/E1/U1/00000000011004 100.00			
12. I hereby	certify that the information supplied with this fi	ling does not qualify for the e	xemptions con	tained in Chapter 11	9, 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 impowered to execute this report as required by Chapter 607, 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

321-604/209

Daytime Phone 6