

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068374

Entity Name: SUNRISE ADULT CARE INC.

FILED  
Apr 13, 2005  
Secretary of State

**Current Principal Place of Business:**

4102 COOLEY COURT  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

4102 COOLEY COURT  
LAKE WORTH, FL 33461

**New Mailing Address:**

FEI Number: 65-0471539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HANNAH, JAMES E  
4102 COOLEY COURT  
LAKE WORTH, FL 33461 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

Election Campaign Financing Trust Fund Contribution (X).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: HANNAH, JAMES E  
Address: 4102 COOLEY CT  
City-St-Zip: LAKE WORTH, FL 33461 US

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

Title: DPTS (X) Change ( ) Addition  
Name: HANNAH, JAMES E  
Address: 4102 COOLEY CT  
City-St-Zip: LAKE WORTH, FL 33461 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E HANNAH

DPTS

04/13/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date