

# **2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000124031

**FILED**  
**Mar 10, 2009**  
**Secretary of State**

**Entity Name:** SUNRISE PSYCHOLOGICAL SERVICES, INC.

**Current Principal Place of Business:**

305 COLONIAL AVE  
MARCO ISLAND, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 477  
MARCO ISLAND, FL 34136

**New Mailing Address:**

**FEI Number:** 03-0495940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARIA, CONSTANCE  
997 N COLLIER BLVD - SUITE D  
MARCO ISLAND, FL 34145 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 ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DIR ( ) Delete  
**Name:** ARIA, CONSTANCE  
**Address:** PO BOX 477  
**City-St-Zip:** MARCO ISLAND, FL 34136

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

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CONSTANCE ARIA

DIR

03/10/2009

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

\_\_\_\_\_  
Date