2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# P03000034383

Entity Name: SUNRISE DENTAL EQUIPMENT INC.

Current Principal Place of Business:

1380 N BLVD W STE B
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

1380 N BLVD W STE B
LEESBURG, FL 34748 US

New Mailing Address:

FEI Number: 45-0510062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIDDLETON, ROSE
7201 CHESTERHILL LANE
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

MIDDLETON, ARCHIE
2231 TEALWOOD CIRCLE
TAVARES, FL 32778 US

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: ARCHIE MIDDLETON 04/08/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MIDDLETON, ROSE
Address: 7201 CHESTERHILL LN
City-St-Zip: MT DORA, FL 32757

Title: DS ( ) Delete
Name: MIDDLETON, ROSE
Address: 7201 CHESTERHILL LN
City-St-Zip: MT DORA, FL 32757

Title: DT ( ) Delete
Name: MIDDLETON, ARCHIE
Address: 2231 TEALWOOD CIRCLE
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MIDDLETON, ARCHIE
Address: 2231 TEALWOOD CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: DS (X) Change ( ) Addition
Name: MIDDLETON, ARCHIE
Address: 2231 TEALWOOD CIRCLE
City-St-Zip: TAVARES, FL 32778

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: ARCHIE MIDDLETON PRES 04/08/2009
Electronic Signature of Signing Officer or Director Date