

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034383

FILED
Jan 05, 2012
Secretary of State

Entity Name: SUNRISE DENTAL EQUIPMENT INC.

Current Principal Place of Business:

1380 N BLVD W STE B
SUITE B
LEESBURG, FL 34748 US

New Principal Place of Business:

1380 N BLVD W
SUITE B
LEESBURG, FL 34748 US

Current Mailing Address:

1380 N BLVD W STE B
SUITE B
LEESBURG, FL 34748 US

New Mailing Address:

1380 N BLVD W
SUITE B
LEESBURG, FL 34748 US

FEI Number: 45-0510062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDDLETON, ARCHIE
2231 TEALWOOD CIRCLE
TAVARES, FL 32778 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

OFFICERS AND DIRECTORS:

Title: DP
Name: MIDDLETON, ARCHIE
Address: 2231 TEALWOOD CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: DS
Name: MIDDLETON, ARCHIE
Address: 2231 TEALWOOD CIRCLE
City-St-Zip: TAVARES, FL 32778

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

I hereby 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 all other like empowered.

SIGNATURE: ARCHIE MIDDLETON

PRES

01/05/2012

Electronic Signature of Signing Officer or Director

Date