


FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90267 021 ***163.75

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000077975			
1. Entity Name SUNRISE LENDING, INC.			
Principal Place of Business 716 E. COLONIAL DRIVE ORLANDO, FL 32803 US		Mailing Address 716 E. COLONIAL DRIVE ORLANDO, FL 32803 US	
2. Principal Place of Business 4700 MILLENIA BLVD Suite, Apt. #, etc. SUITE 175 City & State ORLANDO FL Zip 32839 Country ORANGE CO.		3. Mailing Address 4700 MILLENIA BLVD Suite, Apt. #, etc. SUITE 175 City & State ORLANDO FL Zip 32839 Country USA	
		03052005 Chg-P CR2E034 (10/03)	
		4. FEI Number 77-0605482	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SZYMANSKI, REBECCA 716 E. COLONIAL DRIVE ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name REBECCA SZYMANSKI Street Address (P.O. Box Number is Not Acceptable) 4700 MILLENIA BLVD SUITE 175 City ORLANDO FL Zip Code 32839	
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 <u>Rebecca Szymanski</u> REBECCA SZYMANSKI <u>4/26/2005</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P SZYMANSKI, REBECCA E 716 E. COLONIAL DRIVE ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP P SZYMANSKI, REBECCA E 4700 MILLENIA BLVD Suite 175 ORLANDO FL 32839 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SZYMANSKI, MATTHEW E 8622 POCASSET PLACE ORLANDO FL 32827 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP M SZYMANSKI, MATTHEW E 8622 POCASSET PLACE ORLANDO FL 32827 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Rebecca Szymanski</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR REBECCA E SZYMANSKI		<u>4/26/2005</u> <u>407-251-6883</u> Date Daytime Phone #	