

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90076 041 ***163.75

DOCUMENT # P03000077975

1. Entity Name
SUNRISE LENDING, INC.



Principal Place of Business
**4700 MILLENIA BLVD
SUITE 175
ORLANDO, FL 32839 US**

Mailing Address
**4700 MILLENIA BLVD
SUITE 175
ORLANDO, FL 32839 US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01172006 Chg-P CR2E034 (11/05)

City & State
Zip Country

4. FEI Number
77-0605482

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SZYMANSKI, REBECCA
4700 MILLENIA BLVD
SUITE 175
ORLANDO, FL 32839**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **P**
STREET ADDRESS **SZYMANSKI, REBECCA E**
CITY-ST-ZIP **4700 MILLENIA BLVD., SUITE 175
ORLANDO, FL 32839** ☒ Delete

TITLE
NAME **M**
STREET ADDRESS **SZYMANSKI, MATTHEW E**
CITY-ST-ZIP **8622 DOCASSET PLACE
ORLANDO, FL 32827** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P/C**
STREET ADDRESS **SZYMANSKI, REBECCA E**
CITY-ST-ZIP **8622 Pocasset Place
ORLANDO, FL 32827** ☒ Change ☐ Addition

TITLE
NAME **V/T/M**
STREET ADDRESS **SZYMANSKI, MATTHEW E**
CITY-ST-ZIP **8622 Pocasset Place
ORLANDO, FL 32827** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rebecca E. Szymanski
REBECCA E. SZYMANSKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2006 **407-251-6883**
Date Daytime Phone #