

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107094

FILED
Apr 15, 2009
Secretary of State

Entity Name: SUN RISE ELITE GROUP, INC.

Current Principal Place of Business:

375 W. BAY AVE
EAGLE LAKE, FL 33839

New Principal Place of Business:

375 WEST BAY AVE
SUITE 3
EAGLE LAKE, FL 33839

Current Mailing Address:

PO BOX 2496
EAGLE LAKE, FL 33839

New Mailing Address:

FEI Number: 56-2401319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PSD () Delete
Name: MCDONALD, STEVIE
Address: 375 W. BAY AVE
City-St-Zip: EAGLE LAKE, FL 33839

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MCDONALD, STEVIE
Address: P.O. BOX 2496
City-St-Zip: EAGLE LAKE, FL 33839

Title: V.P. () Change (X) Addition
Name: KINGSTON, MADONNA
Address: P.O. BOX 2496
City-St-Zip: EAGLE LAKE, FL 33839

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: STEVIE MCDONALD

PSD

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date