



**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90007 037 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P04000081989</b>		
1. Entity Name SUNRISE HR SERVICES, INC.		
Principal Place of Business 10720 N.W. 20TH COURT SUNRISE, FL 33322 US	Mailing Address 10720 N.W. 20TH COURT SUNRISE, FL 33322 US	 02172006 No Chg-P CR2E034 (11/05)
<b>DO NOT WRITE IN THIS SPACE</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		8. Name and Address of Current Registered Agent KASTANCUK, KATHY 10720 N.W. 20TH COURT SUNRISE, FL 33322
9. 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KASTANCUK, KATHY 10720 N.W. 20TH COURT SUNRISE, FL 33322	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KASTANCUK, LAWRENCE 10720 NW 20TH COURT SUNRISE, FL 33322	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <i>Lawrence Kastancuk</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>3-1-06</i> Date <i>954 530 3089</i> Daytime Phone #



ATTACHMENT

40036279

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2006

SUNRISE HR SERVICES, INC.  
10720 N.W. 20TH COURT  
SUNRISE, FL 33322 US

Subject: **SUNRISE HR SERVICES, INC.**

Reference Number: **P04000081989**

3/20/06  
Enclosed please  
check #1352 in the  
amount of \$150<sup>00</sup>  
Thankym.

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION