

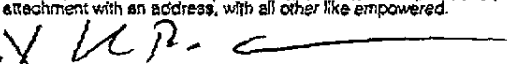
Apr. 27, 2006 1:16PM JUDSON B BAGGETT CPA PA

No. 1079 P. 2

FILED

Apr 28, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000095221		
1. Entity Name SUNRISE PROPERTIES OF ZEPHYRHILLS, INC.		
Principal Place of Business 6520 FORT KING RD ZEPHYRHILLS, FL 33542		Mailing Address 6520 FORT KING RD ZEPHYRHILLS, FL 33542
DO NOT WRITE IN THIS SPACE		
		04272006 No Chg-P CR2E034 (11/05)
4. FEI Number 20-1509853		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent POHJOLAINEN, HENRI 6520 FORT KING RD ZEPHYRHILLS, FL 33542		DO NOT WRITE IN THIS SPACE
6. 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 state 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	D	
NAME	POHJOLAINEN, HENRI	
STREET ADDRESS	6520 FORT KING RD	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
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 118, 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: 		Date 4-27-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #