

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90089 015 ***150.00

DOCUMENT # P04000157463					
1. Entity Name SONRISE BUILDERS, INC.					
Principal Place of Business 30830 CHEROKEE AVENUE LEESBURG, FL 34748			Mailing Address 30830 CHEROKEE AVENUE LEESBURG, FL 34748		
2. Principal Place of Business 501 HONEYSUCKLE DRIVE		3. Mailing Address 501 HONEYSUCKLE DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FRUITLAND PARK, FL.		City & State FRUITLAND PARK, FL.		4. FEI Number 20-2055089	
Zip 34731		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TAYLOR, L.E. 30830 CHEROKEE AVENUE LEESBURG, FL 34748			7. Name and Address of New Registered Agent Name <u>McPHERSON CLAYTON H.</u> Street Address (P.O. Box Number is Not Acceptable) <u>501 HONEYSUCKLE DRIVE</u> City <u>FRUITLAND PARK</u> <u>FL</u> Zip Code <u>34731</u>		
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>Clayton H. McPherson</u> +4-5-26 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input 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	D MIRAGLIA, PETER J 30830 CHEROKEE AVENUE LEESBURG, FL 34748	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCPHERSON, CLAYTON H 501 HONEYSUCKLE DRIVE FRUITLAND PARK, FL 34731	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
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: * <u>Clayton H. McPherson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				+4-5-26 <u>35365-0231</u> <small>Date Daytime Phone #</small>	

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