## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000058660



## **FILED** Mar 30, 2006 8:00 am Secretary of State

1. Entity Nam SUNRISE		ARPETS, INC.						03-30-200	06 90027	7 014 ***15	50.00
Principal Place of Business 127 N SECOND ST. FORT PIERCE, FL 34950				Mailing Address 127 N SECOND ST. FORT PIERCE, FL 34950					9	σσσγι	63
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03272006	Chg-P	CR2	E034 (11/05)		
City & Stat	City & State		City & State			4. FEI Number	0808B	9		pplied For ot Applicable	
Zip		Country	Zip	Cour	ntry		5. Certificate	of Status Desired	d 🗆	\$8.75 Ade Fee Require	
;	6. Name	and Address of Curre	nt Registered Agent			_	7. Name and	Address of Nev	w Registere	d Agent	
CAMPBELL, BRIAN					Name Brian Campbell Street Address (P.O. Box Number is Not Acceptable)						
114 S US HWY 1 FORT PIERCE, FL 34950					Silect Ai	LOCITESS (F	7 11 <	<u> </u>	<u></u>	٠,	<del></del>
					City	10	)	second	775 - 775	<u> </u>	BCA
8. The above	named entit	y submits this statemen	t for the purpose of changir	g its register	ed office or	r registere	ed agent, or bot	h, in the State of	Florida. 1 a	m familiar with	, and accept
SIGNATURE.	tions of regist	r.	•								
Oldre II One		or printed name of registered ag	ent and title if applicable.	(NOTE: Register	ed Agent signatu	nte lediniseq	when reinstating)		DAT	E	
1											
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nitrocated on this report or suppremental 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 expowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2006