

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000032988

FILED
Apr 28, 2007
Secretary of State

Entity Name: SUNRISE CITY ENTERPRISES INC.

Current Principal Place of Business:

1643 NE 24TH STREET
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

1643 NE 24TH STREET
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 20-4442611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLINGSON, BLAINE
1643 NE 24TH STREET
JENSEN BEACH, FL 34957 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: PD () Delete
Name: ELLINGSON, BLAINE
Address: 1643 NE 24TH STREET
City-St-Zip: JENSEN BEACH, FL 34957

Title: PD () Delete
Name: ELLINGSON, DONCELLA
Address: 1643 NE 24TH STREET
City-St-Zip: JENSEN BEACH, FL 34957

Title: VPD () Delete
Name: TURNER, STANLEY
Address: 17227 113A STREET NW
City-St-Zip: EDMONTON, ALBERTA T5X544, CA

Title: VPD () Delete
Name: TURNER, DELYNN
Address: 17227 113A STREET NW
City-St-Zip: EDMONTON, ALBERTA T5X544, CA

Title: TD () Delete
Name: BERNARD, ROBERT
Address: 2750 SE CLARETON TERRACE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: SD () Delete
Name: BUNSO, KRISTIAN
Address: 2766 SE GARDEN STREET
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STAN TURNER

P

04/28/2007

Electronic Signature of Signing Officer or Director

Date