2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091743

CUMPICE INCTALL ATIONS INC

FILED Apr 11, 2012 Secretary of State

| Entity Nan | ne: SUNRISE | INSTALLATIONS, INC. | | | |
|---|--------------------------------------|---------------------------------|------------------------------------|--------------------------------------|--|
| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
| | ORY DRIVE RCE, FL 34982 | : | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | ORY DRIVE RCE, FL 34982 | | | | |
| FEI Number: | 20-5196863 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | |
| HOLMAN, 5300 HICK FORT PIEF | | . US | | | |
| The above in the State | | ubmits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | | | | | |
| | Electroni | c Signature of Registered Age | ent | Date | |
| OFFICERS | AND DIRECT | ORS: | | | |
| Title: Name: Address: | P HOLMAN, CURTI 5300 HICKORY I | DRIVE | | | |

FORT PIERCE, FL 34982 City-St-Zip:

Name: HOLMAN, LISA A Address: 5300 HICKORY DRIVE City-St-Zip: FORT PIERCE, FL 34982

I hereby 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 all other like empowered.

SIGNATURE: CURTIS B HOLMAN Ρ 04/11/2012