2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093887

Entity Name: SUNRISE HEALTH & NUTRITION INC.

FILED Aug 17, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
12717 WE: #246	ST SUNRISE	BLVD.			
SUNRISE,	FL 33323				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
12717 WEST SUNRISE BLVD. #246			2033 SE 10TH AVE	2033 SE 10TH AVE #601	
#246 SUNRISE, FL 33323		FORT LAUDERDALE, FL 33316			
FEI Number:	20-5820066	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	DARREN 9TH AVE #60 ERDALE, FL				
	named entity e of Florida.	submits this statement for the	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			gent	Date	
		93(2)(b), F.S., the corporation did g Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HOPKINS, DAI 2033 SE 10TH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TORNASSINI, 2033 SE 10TH		Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

08/17/2008