

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000142903

FILED  
May 26, 2007  
Secretary of State

Entity Name: SUNRISE TAX SERVICES'N MORE, INC.

**Current Principal Place of Business:**

6289 W SUNRISE BLVD APT 250  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

6289 W SUNRISE BLVD APT 250  
SUNRISE, FL 33313

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ALCIME, FRANTZ  
6289 W SUNRISE BLVD APT 250  
SUNRISE, FL 33313      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      T                      ( ) Delete  
Name:                      PERNIER, MARIE  
Address:                      29 VARICK HOMES  
City-St-Zip:                      NEWBURGH, NY 12550

Title:                      D                      ( ) Delete  
Name:                      ALCIME, FRANTZ  
Address:                      6289 W SUNRISE BLVD APT 250  
City-St-Zip:                      SUNRISE, FL 33313

Title:                      P                      ( ) Delete  
Name:                      REMY, PATRIC  
Address:                      6289 W SUNRISE BLVD APT 250  
City-St-Zip:                      SUNRISE, FL 33313

Title:                      S                      ( ) Delete  
Name:                      MICHEL, LANDDRIE  
Address:                      2849 S OAKLAND FOREST DR APT 104  
City-St-Zip:                      OAKLAND PARK, FL 33309

**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:                      \_\_\_\_\_

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: FRANTZ ALCIME

DIRT

05/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date