

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90028 031 \*\*\*150.00

**DOCUMENT # P07000001139**

1. Entity Name  
**SUNRISE TRANSLATE, INCORPORATED**



40052494

Principal Place of Business      Mailing Address  
**4540 SW 44TH STREET**      **4540 SW 44TH STREET**  
**OCALA, FL 34474**      **OCALA, FL 34474**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**2600 SW 10TH STREET**      **2600 SW 10TH STREET**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#2201**      **#2201**

03252008      Chg-P      CR2E034 (12/06)

City & State      City & State  
**OCALA, FL**      **OCALA, FL**

Zip      Country      Zip      Country  
**34471**           **34471**           **34471**           **34471**

4. FEI Number      Applied For  
**20-0285856**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JIANG, BEI BEI**  
**4540 SW 44TH STREET**  
**OCALA, FL 34474**

7. Name and Address of New Registered Agent

Name      **BEI BEI JIANG**

Street Address (P.O. Box Number is Not Acceptable)  
**2600 SW 10TH STREET, #2201**

City      State      Zip Code  
**OCALA**      **FL**      **34471**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

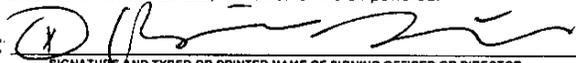
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIANG, BEI BEI 4540 SW 44TH STREET OCALA, FL 34474	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIANG, BEI BEI 2600 SW 10TH STREET, #2201 OCALA, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08 (407)668-7999  
 Date      Daytime Phone #