2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000012323

GOLDEN SUNRISE PROPERTIES, INC.



Principal Place of Business

C/O ARTHUR T. TENENBAUM & CO. 915 MIDDLE RIVER DR. SUITE 500 FT. LAUDERDALE, FL 33304

Mailing Address

C/O ARTHUR T. TENENBAUM & CO. . 915 MIDDLE RIVER SR, SUITE 500 FT. LAUDERDALE, FL 33304 US

FILED Apr 18, 2007 08:00 A Secretary of State



01252007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0468102

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C/O ARTHUR T. TENENBAUM & COMPANY 915 MIDDLE RIVER DR SUITE 500 FT. LAUDERDALE, FL 33304				DO NOT WRITE IN THIS SPACE		
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent agreeting required when reinstating) DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution			ancing	\$5.00 May Be Added to Fees	DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSD WILLIAMS, PRUDENLE A %A TENE 915 MIDDLE RIVER DR., SUITE 500 FT. LAUDERDALE, FL 33304	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP	·			IN	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP					000000715841 04/28/07-80006-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 comparation or the receiver or trustee empowered to execute the 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: