## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2006 8:00 am Secretary of State

DOCUMENT # P95000016591  1. Entity Name SUNRISE HOLDINGS, INC.			ą!		06 90018 047 ***1		
Principal Place of Business  12402 PARAMOUNT-DR PUNTA GORDA, FL 33955  Mailing Address 12402 PARAMOUNT-DR PUNTA GORDA, FL 33955			enging #1	· . . :			
2. Principal Place of Business 12723 PECANTREE DR 12723 PECANTREE Suite, Apt. #, etc. 3. Mailing Address 12723 PECANTREE Suite, Apt. #, etc.			032620		CR2E034 (11/05)		
City & State Hudsow FL			4. FEI N 65-1	umber 0581486	<b>├</b>	plied For t Applicable	
Zip Country 34669 PASCO	Zip 34669	Country		cate of Status Desired	\$8.75 Add	litional	
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
SCOTT, DENNIS L  172402 PARAMOUNT DR PUNTA GORDA, FL 33955			ddress (P.O. Box Number is Not Acceptable)				
12723 City				AN TREE I			
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 equistered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.	9. Election Campai Trust Fund Contr		\$5.00 May B Added to Fees	е :			
10. OFFICERS AND		11.	ADDITIO	DNS/CHANGES TO OF	FICERS AND DIRECTORS	S IN 11	
TITLE D NAME SCOTT, MICHAEL L	- La Delete				☐ Change	☐ Addition	
STREET ADDRESS 14717 US HWY 19 CITY-ST-ZIP HUDSON FL 34667	S 14717 US HWY 19 STRE HUDSON, FL 34667 CITY						
TITLE D	☐ Delete	TITLE	20	•	Change	Addition	
NAME SCOTT, DENNIS L STREET ADDRESS 12402 PARAMOUNT DR	SCOTT, DENNIS L  12493 PARAMOUNT DR  STREE			Scott, DENNIS L. 512723 PECAN TREE DR. HUBSON, FL 34669			
CITY-ST-ZIP PUNTA GORDA, EL. 33956	PUNTA GORDA EL 33956			FL 34669	<u> </u>		
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
TITLE	☐ Delete	ture	<u>-</u>		☐ Change	Addition	
NAME Street adoress		NAME STREET ADDRESS					
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP			Change	☐ Addition	
NAME	□ Delete	NAME			☐ Change	L. Addition	
STREET ADDRESS  CITY-ST-ZIP		STREET ADDRESS CITY+ST-ZIP					
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		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 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 ther like empowered.  SIGNATURE:  DIRECTOR DENNIS L. Scott 4/1/06  BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							