2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000000565

Entity Name: E & S SUNRISE PROPERTY, INC.

FILED Feb 05, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

C/O THE REAL ESTATE LINK CORP 510 HWY 144 NORTH 3309 NORTHLAKE BLVD SUITE 207 LAKE VILLAGE, AR 71653 PALM BEACH GARDENS, FL 33403

New Mailing Address: Current Mailing Address:

C/O THE REAL ESTATE LINK CORP 510 HWY 144 NORTH 3309 NORTHLAKE BLVD. SUITE 207 LAKE VILLAGE, AR 71653 PALM BEACH GARDENS, FL 33403

FEI Number: 65-0648989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GATES, MICHAEL L STOLL, STEVEN M 2435 HÓLLYWOOD BLVD. 3696 NORTH FEDERAL HWY HOLLYWOOD, FL 33020 US FORT LAUDERDALE, FL 33308 US

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: STEVEN M. STOLL 02/05/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title:

(X) Change () Addition KUNZ, EDWIN KUNZ, EDWIN Name: Name: 3309 NORTHLAKE BLVD SUITE 207 510 HWY 144 NORTH Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33403 City-St-Zip: LAKE VILLAGE, AR 71653

Title: (X) Change () Addition Title: () Delete

Name: KUNZ, SIEGLINDE Name: KUNZ, SIEGLINDE 3309 NORTHLAKE BLVD SUITE 207 510 HWY 144 NORTH Address: Address: PALM BEACH GARDENS, FL 33403 LAKE VILLAGE, AR 71653 City-St-Zip: 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: SIEGLINDE KUNZ ST 02/05/2009