

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000008113

Entity Name: OE SUNRISE, INC.

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1580 SAWGRASS CORP PKWY  
SUITE 130  
SUNRISE, FL 38323

**New Principal Place of Business:**

**Current Mailing Address:**

1580 SAWGRASS CORP PKWY  
SUITE 130  
SUNRISE, FL 38323

**New Mailing Address:**

FEI Number: 65-0647765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAMSDEN, ROBERT K  
1580 SAWGRASS CORPORATE PARKWAY  
SUITE 130  
SUNRISE, FL 33323 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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: RAMSDEN, KELLY W  
Address: 1580 SAWGRASS CORP PKWY SUITE 130  
City-St-Zip: SUNRISE, FL 33323

Title: DVT  
Name: RAMSDEN, ROBERT K  
Address: 1580 SAWGRASS CORP PKWY SUITE 130  
City-St-Zip: SUNRISE, FL 33323

I hereby 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 all other like empowered.

SIGNATURE: KELLY W RAMSDEN

DPS

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date