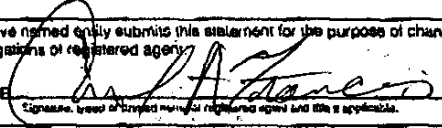
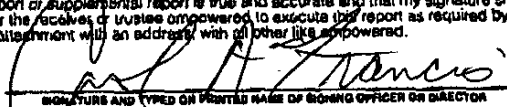


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90238 031 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000013307																																																																																						
1. Entity Name SUNRISE ARABIANS, INC.																																																																																						
Principal Place of Business 15590 93RD STREET ROYAL PALM BEACH, FL 33412		Mailing Address 15590 93RD STREET ROYAL PALM BEACH, FL 33412																																																																																				
2. Principal Place of Business 15627 92nd Ct N		3. Mailing Address																																																																																				
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																				
City & State WPB, Fla		City & State																																																																																				
Zip 33412		Country																																																																																				
4. FEI Number 65-0733500		Applied For ☐ Not Applicable																																																																																				
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																						
6. Name and Address of Current Registered Agent FRANCIS, CAROL A 15590 93RD STREET ROYAL PALM BEACH, FL 33412		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 15627 92nd Ct N City WPB Fla FL Zip Code 33412																																																																																				
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  DATE April 26, 2004 Signature, based on printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when re-registering)																																																																																						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																				
<table border="1"><thead><tr><th colspan="2">10. OFFICERS AND DIRECTORS</th><th colspan="2">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th></tr></thead><tbody><tr><td>TITLE</td><td>☐ Delete</td><td>TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td>☐ Delete</td><td>TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td>☐ Delete</td><td>TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td>☐ Delete</td><td>TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td>☐ Delete</td><td>TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td>CITY - ST - ZIP</td><td></td></tr></tbody></table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP		TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY - ST - ZIP		CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 officer 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:  DATE April 26, 2004 561-2948 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																						