2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
07 NOV 28 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000084896

1. Entity Name
WEST SUNRISE DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
6299 WEST SUNRISE BLVD. SUITE 211 SUNRISE, FL 33313	6299 WEST SUNRISE BLVD. SUITE 211 SUNRISE, FL 33313

2. Principal Place of Business - No P.O. Box #
3. Mailing Address
Suite, Apt. #, etc. — Suite, Apt. #, etc.
City & State — City & State
Zip — Country — Zip — Country

10042007 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0851614 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, GERARD S RCVR
200 SE 6TH STREET
SUITE 401
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name: Ian Gardner
Street Address (P.O. Box Number is Not Acceptable): 2255 Glades Road, Suite 324A
City: Boca Raton FL Zip Code: 33431

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 [signature] Ian Gardner 11/19/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RCVR WILLIAMS, GERARD S RCVR 200 SE 6TH STREET, SUITE 401 FT. LAUDERDALE, FL 33301	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S Ian Gardner 2255 Glades Road, Suite 324A Boca Raton, FL 33431	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900112909719 12/06/07--01053--011 **61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/30	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 other like empowered.

SIGNATURE: By: [signature] Ian Gardner 11/19/2007 (954) ~~270-9133~~ 732-2624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #