

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000054410

FILED
Apr 29, 2005
Secretary of State

Entity Name: SUNRISE TOURS AND CRUISES, INC.

Current Principal Place of Business:

310 COUNTRY BLVD.
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 771583
ORLANDO, FL 32877

New Mailing Address:

FEI Number: 59-3582754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHMIDT, IRENE
310 COUNTRY BLVD
KISSIMMEE, FL 34741 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHMIDT, IRENE
Address: 301 COUNTRY BLVD
City-St-Zip: KISSIMMEE, FL 34741

Title: S () Delete
Name: ADKINS, YVONNE M
Address: 310 COUNTRY BLVD.
City-St-Zip: KISSIMMEE, FL 34741

Title: VP () Delete
Name: RUDY, SHAWN
Address: 40 RAINBOW BLVD
City-St-Zip: BABSON PARK, FL 33827

Title: T () Delete
Name: RUDY, PAUL
Address: 3156 ANTHONY DR
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: RUDY, YVONNE M
Address: 310 COUNTRY BLVD.
City-St-Zip: KISSIMMEE, FL 34741

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: IRENE SCHMIDT

P

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date