

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


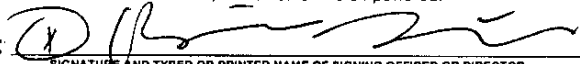
**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90028 031 \*\*\*150.00

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03252008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000001139			
1. Entity Name SUNRISE TRANSLATE, INCORPORATED			
Principal Place of Business 4540 SW 44TH STREET OCALA, FL 34474		Mailing Address 4540 SW 44TH STREET OCALA, FL 34474	
2. Principal Place of Business - No P.O. Box # 2600 SW 10TH STREET Suite, Apt. #, etc. #2201		3. Mailing Address 2600 SW 10TH STREET Suite, Apt. #, etc. #2201	
City & State OCALA, FL		City & State OCALA, FL	
4. FEI Number 20-0285856		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JIANG, BEI BEI 4540 SW 44TH STREET OCALA, FL 34474		7. Name and Address of New Registered Agent Name BEI BEI JIANG Street Address (P.O. Box Number is Not Acceptable) 2600 SW 10TH STREET, #2201 City OCALA FL Zip Code 34471	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD JIANG, BEI BEI 4540 SW 44TH STREET OCALA, FL 34474 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIANG, BEI BEI 2600 SW 10TH STREET, #2201 OCALA, FL 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 3/25/08 (407)668-7999	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	