


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 741297</b> 1. Entity Name SUNSET, INC.	
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Principal Place of Business 6400 ESTERO BLVD. FT MYERS BCH, FL 33931 US	Mailing Address 6400 ESTERO BLVD FT MYERS BCH, FL 33931 US
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02182008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1841590	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

LYNCH, LILLIAN T.  
6400 ESTERO BLVD  
UNIT 1001  
FT MYERS BCH, FL 33931

**DO NOT WRITE IN THIS SPACE**

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 Lillian T Lynch - Sec/Treasurer DATE 4/7/08

Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROWE, CHARLES 6400 ESTERO BLVD UNIT 802 FT MYERS BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LYNCH, LILLIAN T 6400 ESTERO BLVD #1001 FT MYERS BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGUIRK, JOHN 6400 ESTERO BLVD UNIT 603 FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIECELI, DAVID 6400 ESTERO BLVD., UNIT 405 FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENKEL, MARILYN J 6400 EST & BLVD- #804 FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000890209  
04/22/08-80095-019 61.25

**DO NOT WRITE IN THIS SPACE**

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 617, 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: Lillian T Lynch DATE 4/7/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)