2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001456

Entity Name: SUNSET AVENUE CORP.

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

SUNSET AVENUE 255 SUNSET AVENUE SUNRISE AVENUE SUNRISE AVENUE PALM BEACH, FL 33480 PALM BEACH, FL 33480

Current Mailing Address: New Mailing Address:

777 S. FLAGLER DR
EAST TOWER, STE. 1000
WEST PALM BEACH, FL 33401
777 S. FLAGLER DR
EAST TOWER, SUITE 1000
WEST PALM BEACH, FL 33401

FEI Number: 52-2148162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVT () Delete Title: DVT (X) Change () Addition

Name: BLEEFELD, BRAD Name: BLEEFELD, BRAD

Address: 777 S FLAGLER DR. EAST TWR., SUITE 1000 Address: 777 S FLAGLER DR., E TOWER, STE 1000

City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401

Title: DPS () Delete Title: DPS (X) Change () Addition

Name: LAUER, ELIOT Name: LAUER, ELIOT

 Address:
 101 PARK AVE.
 Address:
 101 PARK AVE., 35TH FL

 City-St-Zip:
 NEW YORK, NY 10178
 City-St-Zip:
 NEW YORK, NY 10178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BRAD BLEEFELD DVT 04/07/2009