


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # K90031</b><br>1. Entity Name<br><b>SUNSEA SECURITIES CORP.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>104 CRANDON BLVD<br/>SUITE 419<br/>KEY BISCAVNE, FL 33149</b> | Mailing Address<br><b>104 CRANDON BLVD<br/>SUITE 419<br/>KEY BISCAVNE, FL 33149</b> |
|---|---|



03062006 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number<br><b>65-0121669</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

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| 6. Name and Address of Current Registered Agent<br><br><b>SPENCER, S.A.<br/>251 CRANDON BLVD.<br/>SUITE 164<br/>KEY BISCAVNE, FL 33149</b> |
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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, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DO<br>SPENCER, S.A.<br>251 CRANDON BLVD., # 164<br>KEY BISCAVNE, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DO<br>DONAGHY, J.W.<br>7 RIDGEWOOD DRIVE<br>BRIDGEWATER, CT         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DO<br>RAINES, A.P.<br>535 FIFTH AVENUE 25TH FLOOR<br>NEW YORK, NY   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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 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:  **ALAN P. RAINES, SECY** 4/10/06 212 953-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #