

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K90031

FILED
Jan 29, 2009
Secretary of State

Entity Name: SUNSEA SECURITIES CORP.

Current Principal Place of Business:

104 CRANDON BLVD
SUITE 419
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

104 CRANDON BLVD
SUITE 419
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-0121669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, S.A.
251 CRANDON BLVD.
SUITE 164
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

SPENCER, MARY
251 CRANDON BLVD.
SUITE 164
KEY BISCAYNE, FL 33149 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: MARY SPENCER

01/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DO () Delete
Name: SPENCER, S.A.,
Address: 251 CRANDON BLVD., # 164
City-St-Zip: KEY BISCAYNE, FL

Title: DO () Delete
Name: DONAGHY, J.W.
Address: 7 RIDGEWOOD DRIVE
City-St-Zip: BRIDGEWATER, CT

Title: DO () Delete
Name: RAINES, A.P.,
Address: 535 FIFTH AVENUE 25TH FLOOR
City-St-Zip: NEW YORK, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DO (X) Change () Addition
Name: SPENCER, MARY
Address: 251 CRANDON BLVD., # 164
City-St-Zip: KEY BISCAYNE, FL

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 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: ALAN RAINES

DO

01/29/2009

Electronic Signature of Signing Officer or Director

Date