

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90249 010 \*\*\*150.00

<b>DOCUMENT # P02000094919</b> 1. Entity Name <b>WEST STREET DEVELOPMENT CORPORATION</b>			
Principal Place of Business <b>1001 E ATLANTIC AVE STE 202 DELRAY BEACH, FL 33483</b>		Mailing Address <b>1001 E ATLANTIC AVE STE 202 DELRAY BEACH, FL 33483</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>1000 Market Street</b> Suite, Apt. #, etc. <b>Suite 300</b> City & State <b>Portsmouth, NH</b> Zip      Country <b>03801      US</b>	
4. FEI Number <b>APPLIED FOR</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 re-registering)      DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALSH, MARK 1001 E ATLANTIC AVE STE 202 DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALSH, MICHAEL 1001 E ATLANTIC AVE STE 202 DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Mark Walsh</u> Date: <u>2/24/05</u> Daytime Phone #: <u>(561) 279-9900</u>			

66020379 Attachment  
# P00 0000 94929

Form <b>SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN  OMB No. 1545-0003
<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested <u>West Street Development Corporation</u>		
<b>2</b> Trade name of business (if different from name on line 1) <b>3</b> Executor, trustee, "care of" name		
<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box) <b>5a</b> Street address (if different) (Do not enter a P.O. box.)		
<u>1000 Market Street</u>		
<b>4b</b> City, state, and ZIP code <b>5b</b> City, state, and ZIP code		
<u>Rockingham, NH 03801</u>		
<b>6</b> County and state where principal business is located <u>Polk Beach (County) Florida (State)</u>		
<b>7a</b> Name of principal officer, general partner, grantor, owner, or trustor <b>7b</b> SSN, ITIN, or EIN		
<u>Robert C. De, Executive Vice President</u> <u>(135-44-8086)</u>		
<b>8a</b> Type of entity (check only one box)		
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent)		
<input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (SSN)		
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Trust (SSN of grantor)		
<input type="checkbox"/> Personal service corp. <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government		
<input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military		
<input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises		
<input type="checkbox"/> Other (specify) ▶ <u>C Corp</u> <input type="checkbox"/> Group Exemption Number (GEN) ▶		
<b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated <b>State</b> <b>Foreign country</b>		
<u>Florida</u>		
<b>9</b> Reason for applying (check only one box)		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>real estate acquisition</u>		
<input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Banking purpose (specify purpose) ▶		
<input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Changed type of organization (specify new type) ▶		
<input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Purchased going business		
<input type="checkbox"/> Created a trust (specify type) ▶		
<input type="checkbox"/> Created a pension plan (specify type) ▶		
<b>10</b> Date business started or acquired (month, day, year) <b>11</b> Closing month of accounting year		
<u>8/30/02</u> <u>December</u>		
<b>12</b> First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)		
<u>N/A</u>		
<b>13</b> Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-".		
<u>0</u>		
<b>14</b> Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker		
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail		
<input type="checkbox"/> Other (specify)		
<b>15</b> Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.		
<u>N/A</u>		
<b>16a</b> Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.		
<b>16b</b> If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶		
<b>16c</b> Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN		
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
<b>Third Party Designee</b>		
Designee's name		
Designee's telephone number (include area code)		
Address and ZIP code		
Designee's fax number (include area code)		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		
Name and title (type or print clearly) ▶ <u>Robert C. De, Executive Vice President</u>		
Applicant's telephone number (include area code)		
<u>(603) 559-2101</u>		
Signature ▶ <u>[Signature]</u> Date ▶ <u>4/6/04</u>		
Applicant's fax number (include area code)		
<u>(603) 559-2182</u>		
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 12-2001)		