


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90121 041 \*\*\*150.00

<b>DOCUMENT # P02000111267</b>	
1. Entity Name <b>SUNSET-INVESTMENTS UNLIMITED, INC.</b>	

Principal Place of Business <b>516 E OSCEOLA PKWY KISSIMMEE FL 34744</b>	Mailing Address <b>P.O. BOX 9831 PANAMA CITY BEACH FL 32417</b>
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2. Principal Place of Business	3. Mailing Address <b>PMB-224</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>9160 ESTATE THOMAS</b>
City & State	City & State <b>ST THOMAS, USVI</b>
Zip	Zip <b>00802</b>
Country	Country <b>USA</b>

1st MOORE CR2E034 (10/05)

4. FEI Number <b>55-0798554</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>
<b>CRESPO, EDWIN 516 E OSCEOLA PKWY KISSIMMEE FL 34744</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>CRESPO, EDWIN</b>
STREET ADDRESS	<b>P.O. BOX 9831</b>
CITY-ST-ZIP	<b>PANAMA CITY BEACH FL 32417</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRESPO EDWIN</b>
STREET ADDRESS	<b>PMB-224</b>
CITY-ST-ZIP	<b>9160 ESTATE THOMAS, ST THOMAS</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>USVI 00802</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** \_\_\_\_\_ **2/21/06** **850-774-2577**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #