

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000006190**

1. Entity Name  
**SUNDOWN, INC.**



Principal Place of Business

**90 ORVILLE DRIVE  
BOHEMIA, NY 11716**

Mailing Address

**90 ORVILLE DRIVE  
BOHEMIA, NY 11716**

**DO NOT WRITE IN THIS SPACE**



07272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**75-3144968**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature of registered agent or principal officer and title of agent

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SEC  
SLADE, MICHAEL  
90 ORVILLE DRIVE  
BOHEMIA, NY 11716**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIR  
KAMIL, HARVEY  
90 ORVILLE DRIVE  
BOHEMIA, NY 11716**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIR  
SLADE, MICHAEL  
90 ORVILLE DRIVE  
BOHEMIA, NY 11716**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
KAMIL, HARVEY  
90 ORVILLE DRIVE  
BOHEMIA, NY 11716**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000378306  
09/16/05-80002-011 550.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael C Slade*  
**Michael C Slade, Secretary**

Date

Daytime Phone #

8/29/05 681-218-7409