
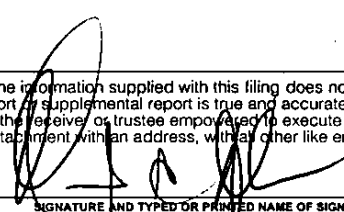


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90053 047 ***150.00

DOCUMENT # P03000078894 1. Entity Name CHRISTMAS KEY MANAGEMENT CORPORATION			
Principal Place of Business 1100 LINTON BLVD. SUITE C-9 DELRAY BEACH, FL 33444		Mailing Address 1100 LINTON BLVD. SUITE C-9 DELRAY BEACH, FL 33444	
2. Principal Place of Business 1001 E. Atlantic Ave Suite, Apt. #, etc. Suite 202 City & State Delray Beach, FL Zip 33483 Country		3. Mailing Address 1000 Market Street Suite, Apt. #, etc. Suite 300 City & State Portsmouth, NH Zip 03801 Country	
4. FEI Number APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRITCHFIELD, RICHARD H 1100 LINTON BLVD. SUITE C-7 DELRAY BEACH, FL 33444		7. Name and Address of New Registered Agent 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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALSH, MARK 1100 LINTON BLVD. SUITE C-9 DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 E. Atlantic Ave. Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALSH, MICHAEL 1100 LINTON BLVD. SUITE C-9 DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 E. Atlantic Ave. Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ADE, RICHARD C 1100 LINTON BLVD. SUITE C-9 DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 Market Street Portsmouth, NH 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRITCHFIELD, RICHARD H 1100 LINTON BLVD. SUITE C-7 DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 E. Atlantic Ave Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 any other like empowered.			
SIGNATURE: 		Richard C. Ade, EVP. 1/24/06 (603) 559-2100	

ATTACHMENT

50000204
#P03000078894

Form **SS-4**

Application for Employer Identification Number

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

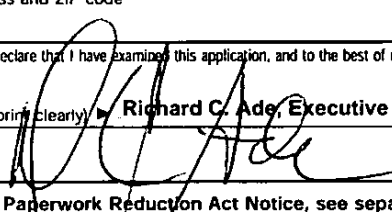
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Christmas Key Management Corporation								
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name						
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 1000 Market Street, Building One		5a Street address (if different) (Do not enter a P.O. box.)						
	4b City, state, and ZIP code Portsmouth, NH 03801		5b City, state, and ZIP code						
	6 County and state where principal business is located Palm Beach (County) Florida (State)								
	7a Name of principal officer, general partner, grantor, owner, or trustor Richard C. Ade, Executive Vice President		7b SSN, ITIN, or EIN 135-44-8086						
8a Type of entity (check only one box)									
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120 <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____									
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____									
8b If a corporation, name the state or foreign country (if applicable) where incorporated		Foreign country							
Florida									
9 Reason for applying (check only one box)									
<input checked="" type="checkbox"/> Started new business (specify type) ▶ Property Management <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____									
10 Date business started or acquired (month, day, year) July 17, 2003		11 Closing month of accounting year December							
12 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) ▶ N/A									
13 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-." ▶									
<table border="1"> <tr> <td>Agricultural</td> <td>Household</td> <td>Other</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> </tr> </table>				Agricultural	Household	Other	0	0	0
Agricultural	Household	Other							
0	0	0							
14 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"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail									
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. N/A									
16a 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.									
16b 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 ▶							
16c 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							

Third Party Designee	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.		
	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) ▶ Richard C. Ade, Executive Vice President		Applicant's telephone number (include area code)	
Signature ▶ 		Applicant's fax number (include area code)	
Date ▶ 5/25/05		(603) 559-2101	
		(603) 559-2182	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)