

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90211 005 \*\*\*150.00

60034026



04242006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P94000071385</b> 1. Entity Name <b>SUNSET ISLAND UTILITIES CORPORATION</b>					
Principal Place of Business <b>1001 EAST ATLANTIC AVE. SUITE 202 DELRAY BEACH, FL 33483</b>			Mailing Address <b>1001 EAST ATLANTIC AVE. SUITE 202 DELRAY BEACH, FL 33483</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <i>1000 Market Street</i> Suite, Apt. #, etc. <i>Building One</i> City & State <i>Portsmouth, NH</i> Zip <i>03801</i> Country <i>USA</i>			
City & State		4. FEI Number <b>APPLIED FOR</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CRITCHFIELD, RICHARD H 1001 EAST ATLANTIC AVENUE SUITE 201 DELRAY BEACH, FL 33483</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD WALSH, MARK 1001 EAST ATLANTIC AVE.,STE. 202 DELRAY BEACH, FL 33483 <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	VD WALSH, MICHAEL 1001 EAST ATLANTIC AVE.,STE. 202 DELRAY BEACH, FL 33483 <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	VD WALSH, WILLIAM 1001 EAST ATLANTIC AVE.,STE. 202 DELRAY BEACH, FL 33483 <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	V ADE, RICHARD C 1000 MARKET STREET,STE. 300 PORTSMOUTH, NH 03801 <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	V MCMURRAIN, THOMAS T 1001 EAST ATLANTIC AVENUE,STE. 202 DELRAY BEACH, FL 33483 <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	S CRITCHFIELD, RICHARD H 1001 EAST ATLANTIC AVENUE,STE. 201 DELRAY BEACH, FL 33483 <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 all other like empowered.					
<b>SIGNATURE:</b> <i>Richard C Ade, CUP</i> <span style="float: right;">(603)559-2100</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

60002822  
# P94000071385  
631-447-8960

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	
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <u>Sunset Island Utilities Corporation</u>				
	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)		5a Street address (if different) (Do not enter a P.O. box.)		
	4b City, state, and ZIP code		5b City, state, and ZIP code		
	6 County and state where principal business is located <u>Palm Beach (County) Florida (State)</u>				
	7a Name of principal officer, general partner, grantor, owner, or trustee <u>Richard C. Ade, Exec. V. Pres.</u>		7b SSN, ITIN, or EIN <u>135-44-8086</u>		
	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) ▶ <u>1120</u>				
<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		State <u>Florida</u>		Foreign country	
9 Reason for applying (check only one box)					
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>real estate corporation</u>					
<input type="checkbox"/> Hired employees (Check the box and see line 12.)					
<input type="checkbox"/> Compliance with IRS withholding regulations					
<input type="checkbox"/> Other (specify) ▶ _____					
<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"/> Created a trust (specify type) ▶ _____					
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
10 Date business started or acquired (month, day, year) <u>9/25/04</u>		11 Closing month of accounting year <u>December</u>			
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) . . . . . ▶ <u>N/A</u>					
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-".		Agricultural <u>0</u>		Household <u>0</u>	Other <u>0</u>
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) _____					
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>N/A</u>					
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) ▶ <u>Richard C. Ade, Executive V. Pres.</u>		Applicant's telephone number (include area code) (603) 559-2100			
Signature ▶ <u>[Signature]</u>		Applicant's fax number (include area code) (603) 559-2182			
Date ▶ <u>4/25/06</u>					