


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P95000008118 |  |
| 1. Entity Name SUNSET KEY UTILITY CORPORATION | |

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|---|---|
| Principal Place of Business 245 FRONT STREET BOYNTON BEACH, FL 33040 US | Mailing Address 1000 MARKET STREET BLDG 1 PORTSMOUTH, NH 03802 US |
|---|---|



01212008 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 65-0727286 | 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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

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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 _____


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|---|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000915043 05/08/08-80081-013 150.00 |
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10. OFFICERS AND DIRECTORS

| | |
|---|----------------------------------|
| TITLE D | NAME WALSH, MICHAEL |
| STREET ADDRESS 1001 E. ATLANTIC AVE STE 202 | |
| CITY-ST-ZIP DELRAY BEACH, FL 33483 | |
| TITLE P | NAME WALSH, MARK |
| STREET ADDRESS 1001 E. ATLANTIC AVE STE 202 | |
| CITY-ST-ZIP DELRAY BEACH, FL 33483 | |
| TITLE VP | NAME WALSH, WILLIAM |
| STREET ADDRESS 1000 MARKET STREET BLDG 1 | |
| CITY-ST-ZIP PORTSMOUTH, NH | |
| TITLE VP | NAME MCMURRAIN, THOMAS |
| STREET ADDRESS 1001 E. ATLANTIC AVE STE 202 | |
| CITY-ST-ZIP DELRAY BEACH, FL 33483 | |
| TITLE | NAME |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | NAME |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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.

SIGNATURE:  **William Walsh** **1/30/08** **(603)559-2100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #