

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 08:00 AM**  
**Secretary of State**

|                                                            |                                                                                   |
|------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P95000094549</b>                             |  |
| 1. Entity Name<br><b>SUNSET KEY RESTAURANT CORPORATION</b> |                                                                                   |

|                                                                                                        |                                                                                     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>1001 E. ATLANTIC AVENUE<br/>SUITE 202<br/>DELRAY BEACH, FL 33483</b> | Mailing Address<br><b>1000 MARKET STREET<br/>BLDG 1<br/>PORTSMOUTH, NH 03802 US</b> |
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01052007 No Chg-P CR2E034 (11/05)

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|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-1083336</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b> |
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                                                               |                                                                                                                           |                                            |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | 1100000676392<br>03/30/07-80056-022 150.00 |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                           |
|------------------------------------------------|-------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WALSH, MARK<br>1001 E. ATLANTIC AVENUE, SUITE 202<br>DELRAY BEACH, FL 33483          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>WALSH, MARK<br>1001 E. ATLANTIC AVENUE, SUITE 202<br>DELRAY BEACH, FL 33483          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>WALSH, WILLIAM<br>1000 MARKET STREET BLDG 1<br>PORTSMOUTH, NH 03801                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>MCMURRAIN, THOMAS<br>1001 E. ATLANTIC AVENUE, SUITE 202<br>DELRAY BEACH, FL 33483   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>CRITCHFIELD, RICHARD<br>1001 E. ATLANTIC AVENUE, SUITE 202<br>DELRAY BEACH, FL 33483 |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 1/26/07 (603)559-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*William Walsh, Vice President*