
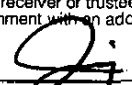


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90184 050 \*\*\*\*61.25

<b>DOCUMENT # 741813</b> 1. Entity Name <b>SEASCAPE CLUSTER, INCORPORATED</b>					
Principal Place of Business <b>C/O ELLIOTT MERRILL MANAGEMENT</b> <b>835 20TH PL</b> <b>VERO BCH, FL 32960 US</b>			Mailing Address <b>C/O ELLIOTT MERRILL MANAGEMENT</b> <b>835 20TH PL</b> <b>VERO BCH, FL 32960 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		04112005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-1874037</b>				Applied For <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			7. Name and Address of New Registered Agent		
<b>MERRILL, CRAIG</b> <b>%ELLIOTT MERRILL COMM MGMT</b> <b>835 20TH PL</b> <b>VERO BEACH, FL 32960</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CRAIG, JACK</b>		NAME		
STREET ADDRESS	<b>2400 S OCEAN DR., #4362</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT PIERCE, FL 34949</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCGUIRE, JACK</b>		NAME		
STREET ADDRESS	<b>2400S OCEAN DR., #4123</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT PIERCE, FL 34949</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCGEE, RAYMOND</b>		NAME	<b>Trees/Dor Romaine, Marian</b>	
STREET ADDRESS	<b>2400 S OCEAN DR., #4192</b>		STREET ADDRESS	<b>2400 S. Ocean Drive, #4074</b>	
CITY-ST-ZIP	<b>FORT PIERCE, FL 34949</b>		CITY-ST-ZIP	<b>Ft. Pierce, FL 34949</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HETHERMAN, MARGERET</b>		NAME	<b>Hetherman, Margaret</b>	
STREET ADDRESS	<b>2400 S OCEAN DR., #4272</b>		STREET ADDRESS	<b>2400 S. Ocean Drive, #4272</b>	
CITY-ST-ZIP	<b>FORT PIERCE, FL 34949</b>		CITY-ST-ZIP	<b>Fort Pierce, FL 34949</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRANNEN, JAMES SR</b>		NAME	<b>August, Michael</b>	
STREET ADDRESS	<b>2400S OCEAN DR., #4282</b>		STREET ADDRESS	<b>2400 S. Ocean Drive, #4172</b>	
CITY-ST-ZIP	<b>FT. PIERCE, FL 34949</b>		CITY-ST-ZIP	<b>Ft. Pierce, FL 34949</b>	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KEEFE, ROBERT</b>		NAME	<b>VP/Director Guimond, Robert</b>	
STREET ADDRESS	<b>2400 S OCEAN DR., #4352</b>		STREET ADDRESS	<b>2400 S. Ocean Drive, #4004</b>	
CITY-ST-ZIP	<b>FORT PIERCE, FL 34949</b>		CITY-ST-ZIP	<b>Ft. Pierce, FL 34949</b>	
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 617, 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> 			<b>#1/19/05</b> <b>772</b> <b>463-1662</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		