

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 12, 2005  
Secretary of State**

DOCUMENT# F94000003328

Entity Name: SEL REL, INC.

**Current Principal Place of Business:**

BOX 33085  
ST PETERSBURG, FL 33733 US

**New Principal Place of Business:**

**Current Mailing Address:**

BOX 33085  
ST PETERSBURG, FL 33733 US

**New Mailing Address:**

FEI Number: 51-0350059      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLIVER, TERENCE  
1025 4TH STREET NORTH  
ST PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: WORTH, CHARLES  
Address: 40 E MAIN ST STE 335  
City-St-Zip: NEWARK, DE

Title: D ( ) Delete  
Name: ATHEY, BRUCE  
Address: 40 E MAIN ST STE 335  
City-St-Zip: NEWARK, DE

Title: D ( ) Delete  
Name: MICHAELS, STEPHANIE  
Address: 40 E MAIN ST STE 335  
City-St-Zip: NEWARK, DE

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PCD (X) Change ( ) Addition  
Name: WORTH, CHARLES  
Address: 40 E MAIN ST STE 335  
City-St-Zip: NEWARK, DE 19711

Title: D (X) Change ( ) Addition  
Name: ATHEY, BRUCE  
Address: 40 E MAIN ST STE 335  
City-St-Zip: NEWARK, DE 119711

Title: D (X) Change ( ) Addition  
Name: MICHAELS, STEPHANIE  
Address: 40 E MAIN ST STE 335  
City-St-Zip: NEWARK, DE 19711

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES WORTH

PCD

04/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date