


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L77875</b> 1. Entity Name SEAVIEW VACATIONS, INC.	
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Principal Place of Business 14700 GULF BLVD. MADEIRA BEACH, FL 33708 US	Mailing Address 14700 GULF BLVD. MADEIRA BEACH, FL 33708 US
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3013130	Applied For 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

KING, SUSAN  
 14700 GULF BLVD.  
 MADEIRA BEACH, FL 33708

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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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000798291  
 01/30/08-80021-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, THOMAS 1063 LONGRUN RD MCKEESPORT, PA 15132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, THOMAS JR 1063 LONGRUN RD MCKEESPORT, PA 15132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, ALLEN 2241 WHISPERING LK DR PALOS PARK, IL 60464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEDENIK, LOU 701 D BURR OAK LN. PROSPECT HTS, IL 60070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRAMER, LEROY 27885 BUTLER CENTER RD. CLARKSVILLE, IA 50819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCANDLESS, TIM 3025 GREENE RD. GREENE, IA 50638

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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: Thomas Clark Thomas Clark 1.23.08 727-392-3741  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #