2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# N21860

Entity Name: S.E.A. RESCUE FOUNDATION, INC.

Current Principal Place of Business:

625 E TENNENSSEE ST STE 200
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

8635 W SAHARA AVE
SUITE 486
LAS VEGAS, NV 89117

New Mailing Address:

6895 E. LAKE MEAD BLVD
SUITE A6-158
LAS VEGAS, NV 89156

FEI Number: 43-1259211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHWEITZER, THEODORE
625 E TENNENSSEE ST STE 200
TALLAHASSEE, FL 32308

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: D ( ) Delete
Name: SCHWEITZER, THEODORE, G.
Address: 8635 W SAHARA AVE APT 486
City-St-Zip: LAS VEGAS, NV 89117

Title: D ( ) Delete
Name: SCHWEITZER, DOROTHY,
Address: 216 ANGLER AVE, #15
City-St-Zip: FT WALTON BEACH, FL 32548

Title: D ( ) Delete
Name: LE, HANG T
Address: 8400 CAPTAINS PLACE
City-St-Zip: LAS VEGAS, NV 89117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCHWEITZER, THEODORE, G.
Address: 6895 E. LAKE MEAD BLVD A6-158
City-St-Zip: LAS VEGAS, NV 89156

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LE, HANG T
Address: 8700 CAPTAINS PLACE
City-St-Zip: LAS VEGAS, NV 89117

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: THEODORE G. SCHWEITZER III D 01/08/2004

Electronic Signature of Signing Officer or Director — Date