

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50883

FILED
Apr 25, 2005
Secretary of State

Entity Name: SOUTHEASTERN EQUITY ALLIANCE, INC.

Current Principal Place of Business:

1401 E. BROWARD BLVD.
SUITE 304
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

1401 E. BROWARD BLVD.
SUITE 304
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0356220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PYE, THOMAS G
408 W UNIVESITY AVE, SUITE 108B
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

PYE, THOMAS G
3909 NEWBERRY ROAD
UNIT C
GAINESVILLE, FL 32607 US

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: GRACE REYES

04/25/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRANIERO, GERARD
Address: 1401 E. BROWARD BLVD. #304
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VD () Delete
Name: ELAM, DONNA
Address: 1401 E. BROWARD BLVD. #304
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD () Delete
Name: REYES, GRACE
Address: 1401 E. BROWARD BLVD. #304
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: AQUINO, FELIX
Address: 1401 E. BROWARD BLVD. #304
City-St-Zip: FORT LAUDERDALE, FL 33301

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

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: GRACE REYES

SD

04/25/2005

Electronic Signature of Signing Officer or Director

Date