2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2006 8:00 am **Secretary of State** DOCUMENT # P02000026348 55 1. Entity Name 02-27-2006 90095 011 ***150.00 SEA CELL, INC. Principal Place of Business Mailing Address 3726 NE 209TH TERRACE PO BOX 800506 **AVENTURA FL 33180** MIAMI FL 33280 2. Principal Place of Business 3. Mailing Address PO BOX 2249 336 CORAL Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 04-3616471 T LAUDERDALE FL ET LAUDIGROALE, Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLAND, STEPHEN **BLAND, STEPHEN** Street Address (P.O. Box Number is Not Acceptable) 3726 NE 209TH TERRACE **AVENTURA FL 33180** 336 CORAL WAY 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Addition TITLE ☐ Delete TITLE SHERIM KOHLER PRES NAME KOHLER, SHERI M PRES NAME STREET ADDRESS 336 CORAL WAY STREET ADDRESS 3726 NE 209TH TERRACE CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 FT LAUDERDALE, FL 33301 Change ☐ Addition ☐ Delete TITLE TITLE STEPHEN M BLAND UP NAME BLAND, STEPHEN M VP NAME 336 CORAL WAY 3726 NE 209TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33180 CITY-ST-ZIP FT LAUDER DALE, FL 33301 HILL Addition NAME NAME KOHLER, KASEY DIR STREET ADDRESS STREET ADDRESS 3726 NE 209TH TERRACE CITY-ST-ZIP AVENTURA FL 33180 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 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 of Kustee 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.

FILED