2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 23, 2005 8:00 am **DOCUMENT # P04000004310** 1. Entity Name Secretary of State SEW-DEE, INC. 08-23-2005 90011 016 ***558.75 Mailing Address Principal Place of Business PO BOX 214 296 OSPREY LANE EAST LLOYD, FL 32337-0214 LLOYD, FL 32337 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 08162005 CR2E034 (10/03) Chg-P Applied For 4. FEI Number City & State City & State 90-0143/2 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAMILTON, DENESE V Street Address (P.O. Box Number is Not Acceptable) 296 OSPREY LANE EAST LLOYD, FL 32337 City Zip Code 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 Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Detete Change ☐ Addition TIDE TITLE HAMILTON, DENESE V NAME NAME **PO BOX 214** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LLOYD, FL 32337 CITY-ST-ZIP ST ☐ Addition TITLE ☐ Delete Change HAMILTON, SEWARD E NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 214 CITY - ST- 7IP LLOYD, FL 32337 CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE Delete ITTLE ☐ Change ☐ Addition NAME MALIF STREET ADDRESS STRIFFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition DDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; 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 in the receiver of the corporation or the receiver of the corporation of the receiver of the