


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 30, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P94000041613**  
1. Entity Name  
SEACREST REALTY SERVICES, INC.



|  |  |
|--|--|
| Principal Place of Business<br>9963 SEACREST CIR<br>SUITE 102<br>BOYNTON BEACH, FL 33437 | Mailing Address<br>9963 SEACREST CIR<br>SUITE 102<br>BOYNTON BEACH, FL 33437 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



02272005 No Chg-P CR2E034 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-0513619                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent  
  
HARRIS, PHILIP  
9963 SEACREST CIR  
SUITE 102  
BOYNTON BEACH, FL 33437

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HARRIS, PHILIP<br>9963 SEACREST CIR SUITE 102<br>BOYNTON BEACH, FL 33437  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HARRIS, MARILYN<br>9963 SEACREST CIR SUITE 102<br>BOYNTON BEACH, FL 33437 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>HARRIS, TODD<br>9963 SEACREST CIR SUITE 102<br>BOYNTON BEACH, FL 33437   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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03/30/05-80007-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like empowered.

SIGNATURE: \_\_\_\_\_ Date: 3/3/05 Daytime Phone #: 561-737-4740  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR