2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000041613

1. Entity Name

SEACREST REALTY SERVICES, INC.



Principal Place of Business

9963 SEACREST CIR

SUITE 102

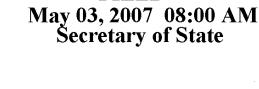
BOYNTON BEACH, FL 33437

Mailing Address

9963 SEACREST CIR

SUITE 102

BOYNTON BEACH, FL 33437



FILED



04102007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0513619

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, PHILIP 9963 SEACREST CIR SUITE 102 BOYNTON BEACH, FL 33437

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typod or prinled name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PD HARRIS, PHILIP 9963 SEACREST CIR SUITE 102 BOYNTON BEACH, FL 33437				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, MARILYN 9963 SEACREST CIR SUITE 102 BOYNTON BEACH, FL 33437				U00000759512 05/24/07-80044-013 150.00
TITLE NAME STREET ADDRESS . CITY-ST-ZIP	STD HARRIS, TODD 9963 SEACREST CIR SUITE 102 BOYNTON BEACH, FL 33437			DO	NOT WRITE
TITLE Name Street address City - St-Zip				IN ⁻	THIS SPACE
TITLE NAME Street address City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby o	ertify that the information supplied with this file	ing does not qualify for the exer	mptions cor	stained in Chapter 119	9, Florida Statutes. I further certify that the information

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental teport 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 trusted 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 a goddress, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 561-737-40

Daytime Phone #