



# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 168327</b> 1. Entity Name <b>THE SEA COLONY, INC.</b>						<b>FILED</b>  07 APR -6 PM 4:46  SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business <b>1400 SOUTH OCEAN BLVD. LAUDERDALE, FL 33062</b>				Mailing Address <b>C/O JOHN DI CERCHO PAUL ELIAS 1400 SO. OCEAN BLVD. LAUDERDALE BY THE SEA, FL 33062</b>							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 03302007 Chg-P CR2E034 (12/06)							
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State									
Zip	Country	Zip	Country								
4. FEI Number <b>59-0679535</b>				Applied For <input type="checkbox"/> Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>TUDZAROV, LOUISE E 345 WEST-OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33311</b>							
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25								9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS								11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MILANESE, JON</b> 21860 CYPRESS PALM COURT BOCA RATON, FL 33428			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. <b>PAUL LEGGANT</b> 11 GABLE COURT ANCASTER, ONTARIO, CANADA, L9G 4T2			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>THELEN, BONNIE</b> 87 WATERTHRUSH CRES. KANATA, ONTARIO CANADA, K2M 2V1			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. <b>DONALD E PELOTTE</b> P.O. BOX 1317 GALLUP, NM. 87305-1317			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>KRUK, MICHAEL</b> 2811 NW 41ST STREET BOCA RATON, FL			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC./TREAS. <b>PAUL ELIAS</b> 12090 N.W. 3RD. DRIVE CORAL SPRINGS, FL 33071			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>DI CERCHO, JOHN</b> 4622 HAMMOCK CIRCLE DELRAY BEACH, FL 33445			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ELIAS, CYNTHIA</b> 12090 N.W. 3RD DRIVE CORAL SPRINGS, FL 33071			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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 all other like empowered.											
<b>SIGNATURE:</b> _____ <span style="float: right;">4/2/2007</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>											