## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

## Feb 29, 2008 08:00 AN Secretary of State **DOCUMENT #331323** 1. Entity Name SEA CLIFF BY THE SEA, INC. Principal Place of Business Mailing Address 4334 EAST TRADEWINDS **4334 EAST TRADEWINDS** LAUDERDALE BY THE SEA, FL 33308 LAUDERDALE BY THE SEA, FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-1215965 Not Applicable Zip Country 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 MYATT, FRANK Street Address (P.O. Box Number is Not Acceptable) 4334 EAST TRADEWINDS LAUDERDALE BY THE SEA, FL 33308 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 ] Added to Fees OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** THEF ☐ Delete TITLE Change Addition NAME MYATT, FRANK NAME V000000643563 STREET ADDRESS 4334 E. TRADEWINDS AVENUE STREET ADDRESS 03/12/08-80001-017 150.00 CITY-ST-78P LAUDERDALE BY THE SEA, FL. 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

Daytime Phone #