2006 FOR PROFIT CORPORATION -ANNUAL REPORT

FILED Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT # 481190** 1. Entity Name SEA GEAR CORPORATION Principal Place of Business Mailing Address C/O SEA-GEAR CORPORATION 700 S. JOHN RODES BLVD 700-B1 S JOHN RODES BLVD. MELBOURNE, FL 32904 MELBOURNE, FL 32904 No Chg-P 02282006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1615716 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANN, MICHAEL L. DO NOT WRITE 1110 BRICKELL AVE SUITE 606 IN THIS SPACE MIAMI, FL 33131 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 U00000527853 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 05/05/06-80011-025 150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PO SEIGLER, BOBBIE STREET ADDRESS 700 B-1 S JOHN RODES BLVD MELBOURNE, FL CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filling 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.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR