Jan 12, 2006 8:00 am **2006 FOR PROFIT CORPORATION** Secretary of State **ANNUAL REPORT** 01-12-2006 90168 017 ***150.00 **DOCUMENT #636085** 1. Entity Name SEABERG BUILDERS, INC. Principal Place of Business Mailing Address 40000984 5444 BAY CENTER DR. 5444 BAY CENTER DR. SUITE 136 SUITE 136 TAMPA, FL 33609 TAMPA, FL 33609 2. Principal Place of Business 3. Mailing Address Street 5446 Mariner Street 5440 Mariner Suite, Apt. #, etc Suite, Apt. #, etc 01062006 CR2E034 (11/05) Chg-P Suite 100 100 Sune Applied For City & State Gity & State 4. FEI Number ドレ Tampa Tampa 59-1948261 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USÁ 33609 33609 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SEABERG, ROBERT G Street Address (P.O. Box Number is Not Acceptable) 5444 BAY CENTER DR. **SUITE 136** 5440 Manner Street Suite 100 TAMPA, FL 33609 Zip Code 33669 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 age Robert G Seaberg SIGNATURE Signa ed agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS PST Delete TITLE Change . Addition Seabong, Robert G SEABERG, ROBERT G NAME STREET ADDRESS 5440 Meriner Street Suite 100 STREET ADDRESS 5444 BAY CENTER DR., #136 CITY-ST-ZIP TAMPA, FL 33609 CITY ST-7IP Tampa, FL 33669 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Change ■ Addition ☐ Delete TITLE NAME

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12. 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 will an address, with all other like empowered.

STREET ADDRESS

10.

TITLE

NAME

TITLE NAME

TITLE

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TITLE NAME

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TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Robert G. Seabong January 6, 2006 (813) 286-0066 SIGNATURE: _ SIGNATU