SIGNATURE: ⊂

NO TYPED OR POINTED NAME OF SIGNING OFFICE

2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #694765 01-25-2005 90039 010 ***150.00 1. Entity Name SEA OAKS, INC. Principal Place of Business Mailing Address 40005933 110 2ND ST S 110 2ND ST \$ PO BOX 2249 PO BOX 2249 GREAT FALLS, MT 59401 GREAT FALLS, MT 59401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 81-0268110 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 59403 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCANN, A M Street Address (P.O. Box Number is Not Acceptable) 1582 GULF BLVD CLEARWATER, FL 33767 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TS ☐ Change ☐ Addition TILLE ☐ Delete TITLE MELLINGER, DAWN NAME STREET ADDRESS STREET ADDRESS 110 2ND ST S CITY-ST-ZIP GREAT FALLS, MT 59405 CITY-ST-ZIP Delete ☐ Change ☐ Addition MCCANN A M NAME NAME 1582 GULF BLVD #1201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 34630 ☐ Change Addition ☐ Delete TITLE ROSS, JOHN STREET ADDRESS 3377 BARLEY CIR STREET ADDRESS CITY-ST-ZIP BILLINGS, MT 59102 CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE MCCANN, S M NAME NAME 110 2ND STREET SOUTH STREET ADDRESS STREET ADDRESS GREAT FALLS, MT 59401 CITY-ST-ZIP CITY-ST-7IP CEO ☐ Change XX Addition ☐ Delete TITLE THLE HAME NAME Paul J. McCann 1265 Yellowstone STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Billings, MT 59102 CFO XX Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME Dawn Mellinger STREET ADDRESS 110 2nd St. South STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP Great Falls, MT 59401 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Jan 25, 2005 8:00 am