2006 NOT-FOR-PROFIT CORPORATION

FILED Feb 17, 2006 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT #715234** 1. Entity Name SEAFARING COLLEGE, INC. Principal Place of Business Mailing Address 1819 GLENGARY STREET **POST OFFICE BOX 4009** SARASOTA, FL 34231 SARASOTA, FL 34230 01062006 No Chg-NP CR2E037 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-6214460 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRAWICK, HENRY PJR. DO NOT WRITE 2033 WOOD STREET **SUITE 218** IN THIS SPACE SARASOTA, FL 34237 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Compaign Financing Filing Fee is \$61.25 \$5.00 May Ge Trust Fund Contribution. \Box Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS HALE MAME NOBLE, BECKY STREET ADDRESS 1819 GLENGARY STREET CITY-ST-ZIP SARASOTA, FL 34231 DitE NAME HALSTEAD, HEATHER STREET ADDRESS 1819 GLENGARY STREET CITY-ST-ZIP SARASOTA, FL 34231 TITLE NAME GUTTRIDGE, ALAN STREET ADDRESS 1819 GLENGARY STREET DO NOT WRITE CITY-ST-ZIP SARASOTA, FL 34231 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-IP DAFE

12. Thereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 118, 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 printiles empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment yelf an address, with all other lifes empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP