


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 715234 1. Entity Name SEAFARING COLLEGE, INC.	
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Principal Place of Business 1819 GLENGARY STREET SARASOTA, FL 34231	Mailing Address POST OFFICE BOX 4009 SARASOTA, FL 34230
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02022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6214460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TRAUWICK, HENRY P JR. 2033 WOOD STREET SUITE 218 SARASOTA, FL 34237

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NOBLE, BECKY 1819 GLENGARY STREET SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALSTEAD, HEATHER 1819 GLENGARY STREET SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTTRIDGE, ALAN 1819 GLENGARY STREET SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07 941-924-6789
Date Daytime Phone #

BECKY NOBLE, AS PRESIDENT