


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90014 021 ****61.25

DOCUMENT # 741813 1. Entity Name SEASCAPE CLUSTER, INCORPORATED					
Principal Place of Business C/O ELLIOTT MERRILL MANAGEMENT 835 20TH PL VERO BCH, FL 32960 US			Mailing Address C/O ELLIOTT MERRILL MANAGEMENT 835 20TH PL VERO BCH, FL 32960 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1874037	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MERRILL, CRAIG %ELLIOTT MERRILL COMM MGMT 835 20TH PL VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAIG, JACK		NAME		
STREET ADDRESS	2400 S OCEAN DR., #4362		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGUIRE, JACK		NAME		
STREET ADDRESS	2400S OCEAN DR., #4123		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMAINE, MARIAN		NAME	TD Crowley Francis (Ted)	
STREET ADDRESS	2400 S OCEAN DRIVE, # 4274		STREET ADDRESS	2400 S. Ocean Drive # 4181	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HETHERMAN, MARGRET		NAME	VP/Dir Hetherman Margret	
STREET ADDRESS	2400 S OCEAN DRIVE, # 4272		STREET ADDRESS	2400 S. Ocean Drive, #4272	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUGUST, MCIAEL		NAME	Sec/Dir Larned, Phyllis	
STREET ADDRESS	2400 S OCEAN DRIVE, # 4172		STREET ADDRESS	2400 S. Ocean Drive #4172	
CITY-ST-ZIP	FT. PIERCE, FL 34949		CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUIMOND, ROBERT		NAME	Dir. McLean, Gerald	
STREET ADDRESS	2400 S OCEAN DRIVE, # 4204		STREET ADDRESS	2400 S. Ocean Drive, #4161	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	Ft. Pierce, FL 34949	
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: <u>Margaret A. Hetherman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-2-06 772-569-9853 <small>Date Daytime Phone #</small>		

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