



# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 856521</b> 1. Entity Name - <b>SEASCAPE RESORTS, INC.</b>						<b>FILED</b> 06 NOV 28 AM 6:42 SEC. OF STATE TALLAHASSEE, FL 	
Principal Place of Business <b>100 SEASCAPE DR DESTIN, FL 32541</b>		Mailing Address <b>100 SEASCAPE DR DESTIN, FL 32541</b>					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		11132006    Chg-P    CR2E034 (11/05)			
City & State		City & State		4. FEI Number <b>63-0847749</b>			
Zip                      Country		Zip                      Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>			
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>NETTLES, JAY 100 SEASCAPE DRIVE DESTIN, FL 32550</b>				Name <b>Lori Ellen Ward, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Matthews + Hawkins, P.A.</b> <b>4475 Legendary Drive</b> City <b>Destin</b> FL    Zip Code <b>32541</b>			
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 <i>Lori Ellen Ward</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>11/14/06</b>	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD OSBORN, MARK 4766 HWY 280 BIRMINGHAM, AL 32543 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100082103291</b> <b>11/28/06--01043--006 **\$61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		M NETTLES, JAY 100 SEASCAPE DRIVE DESTIN, FL 32550 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD OSBORN, BUSTER 4766 HWY 280 BIRMINGHAM, AL 35243 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TS FLEISHER, DAVID 100 SEASCAPE DRIVE DESTIN, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.							
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>11/14/06</b>		Daytime Phone #	