FILED
Feb 23, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 858329

1. Entity Name
SEVA CORPORATION (DELAWARE)

Principal Place of Business	Mailing Address
516 N. PENNSFIELD PALCE SUITE 108 THOUSAND OAKS, CA 91360 US	P.O. BOX 1437 THOUSAND OAKS, CA 91358 US

DO NOT WRITE IN THIS SPACE

02162005 No Chg-P CR2E034 (10/03)

4. FEI Number
58-1456221
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent:

SMITH, LINDA M
11900 BISCAYNE BLVD STE 503
MIAMI, FL 33181

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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 _____ DATE
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLLE, MARY
STREET ADDRESS	516 N PENNSFIELD PLACE STE 108
CITY-ST-ZIP	THOUSAND OAKS, CA
TITLE	S
NAME	ADLER, WENDY
STREET ADDRESS	516 N. PENNSFIELD PLACE STE 108
CITY-ST-ZIP	THOUSAND OAKS, CA
TITLE	D
NAME	JACOBS, ROBERT
STREET ADDRESS	516 N. PENNSFIELD PLACE, SUITE 108
CITY-ST-ZIP	THOUSAND OAKS, CA 91360
TITLE	VPTD
NAME	BALE, JOHN K.
STREET ADDRESS	516 N. PENNSFIELD PLACE STE 108
CITY-ST-ZIP	THOUSAND OAKS, CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/05-80025-024 158.75

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12. 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.

SIGNATURE: John K Bale John K Bale 02/16/05 805-379-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #