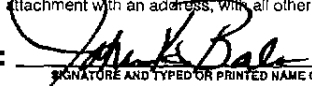


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 858329		
1. Entity Name SEVA CORPORATION (DELAWARE)		
Principal Place of Business 516 N. PENNSFIELD PALCE SUITE 108 THOUSAND OAKS, CA 91360 US		Mailing Address 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		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 certifying) DATE		
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	 02/23/05-80025-024 158.75 DO NOT WRITE IN THIS SPACE
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	DO NOT WRITE IN THIS SPACE
NAME	BALE, JOHN K.	
STREET ADDRESS	516 N. PENNSFIELD PLACE STE 108	
CITY-ST-ZIP	THOUSAND OAKS, CA	
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
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		02/16/05 805-379-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Days/Phone #