


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90229 026 ***158.75

DOCUMENT # 858329 1. Entity Name SEVA CORPORATION (DELAWARE)					
Principal Place of Business 100 E THOUSAND OAKS BLVD STE 235 THOUSAND OAKS, CA 91360 US			Mailing Address PO BOX 4029 MALIBU, CA 90264 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SMITH, LINDA M 11900 BISCAYNE BLVD STE 503 MIAMI, FL 33181				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, ROBERT A <input checked="" type="checkbox"/> Delete 100 E THOUSAND OAKS BLVD STE 235 THOUSAND OAKS, CA 91360		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADLER, WENDY <input type="checkbox"/> Delete 100 E THOUSAND OAKS BLVD STE 235 THOUSAND OAKS, CA 91360		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GLIEBE, KATHLEEN M <input type="checkbox"/> Delete 100 E THOUSAND OAKS BLVD STE 235 THOUSAND OAKS, CA 91360		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARGULIES, ALICIA I <input type="checkbox"/> Delete 100 E THOUSAND OAKS BLVD STE 235 THOUSAND OAKS, CA 91360		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARGULIES, ALICIA I 100 E THOUSAND OAKS BLVD STE 235 THOUSAND OAKS, CA 91360	
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: by: <u>Kathleen M. Griebel</u> Kathleen M. Griebel, VP/T/D			Date <u>4/16/07</u> Daytime Phone # <u>805-444-3332</u>		