2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receiver if changed, or on an attachment

SIGNATURE AND

SIGNATURE:

Mar 10, 2006 8:00 am Secretary of State DOCUMENT # F00000006821 1. Entity Name 03-10-2006 90018 007 ***150.00 SEAPORT ASSOCIATES, INC. Principal Place of Business Mailing Address PEUSPOON 3910 RCA BLVD., STE 1009 PALM BEACH FL 33410 3910 RCA BLVD., STE 1009 PALM BEACH FL 33410 2. Principal Place of Business 3930 RCA BIND 3. Mailing Address 3930 RCA BIND Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Ste 3009 ste 3009 City & State City & State Palm Beach travelens, Fl 4. FEI Number Applied For 54-1445148 Palm <u>Beach</u> Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired USA 33410 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRUDER, GARY L Street Address (P.O. Box Number is Not Acceptable) 108 VINTAGE ISLE LANE PALM BEACH GARDENS FL 33418 City Zip Code 8. The above named entity pubmits 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 registe ed agent. Feb. 28,06 Signature, typed or po (NOTE: Registered Agent signature required when reinstating) of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THLE Delete TITLE Change ☐ Addition NAME STRUDER, GARY L NAME STREET ADDRESS 108 VINTAGE ISLE LN. STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-7IP Delete TITLE TITLE Change Addition MINTZER, DIANA HAME STREET ADDRESS 8016 PONICK RD. STREET ADDRESS CITY-ST-ZIP SPRINGFIELD VA 22153 CITY - ST- ZIP THE Delete OFFICEY Robyne mccarthy NAME MAME 12405 185TD ST.N. STREET ADDRESS STREET ADDRESS Jup Her, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE officer ☐ Change Addition suzanne morse NAME NAME 6051 semmole gardens cir. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP RIVIERA BEACH, FL. 33418 ☐ Defete TITLE TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if trustee empowered to dequie this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

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