2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005104

Entity Name: SEAGRAPE, INC. OF ARIZONA

FILED Mar 16, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Current Principal Place of Business: New Principal Place of Business:

16375 SAN EDMUNDO 2861 TWELFTH ST. PUNTA GORDA, FL 33955 ENGLEWOOD, FL 34224

Current Mailing Address: New Mailing Address:

16375 SAN EDMUNDO 2861 TWELFTH ST. PUNTA GORDA, FL 33955 ENGLEWOOD, FL 34224

FEI Number: 86-0953608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BLAKE, ART BLAKE, ART 16375 SAN EDMUNDO ROAD 2861 TWELFTH ST. PUNTA GORDA, FL 33955 ENGLEWOOD, FL 34224 US

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.

SIGNATURE: ART BLAKE 03/16/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete

Title: BLAKE, ART BLAKE, ART Name: Name: 16375 SAN EDMUNDO ROAD 2861 TWELFTH ST Address: Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: ENGLEWOOD, FL 34224

Title: ٧S Title: ٧S () Delete (X) Change () Addition

Name: BLAKE, ANN Name: BLAKE, ANN 16375 SAN EDMUNDO ROAD 2861 TWELFTH ST. Address: Address: PUNTA GORDA, FL 33955 ENGLEWOOD, FL 34224 City-St-Zip: City-St-Zip:

Title: () Delete Title: O/D () Change (X) Addition

Name: BLAKE, AMOS Name: 860 QUEEN ST. Address Address: City-St-Zip: City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN BLAKE VS 03/16/2009