## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 20, 2006 8:00 am Secretary of State DOCUMENT # F05000006757 04-20-2006 90188 012 \*\*\*150.00 1. Entity Name **SEA CORPORATION MMI** 40054815 Mailing Address Principal Place of Business 1660 NOCATEE DRIVE 1660 NOCATEE DRIVE MIAMI, FL 33133 MIAMI, FL 33133 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03132006 Chg-P CR2E034 (11/05) Applied For 4. FEI Numbe City & State City & State 36-4446504 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZWAYER, DEBORAH CAFFRAY, DEBORAH Z Street Address (P.O. Box Number is Not Acceptable) 1660 NOCATEE DRIVE MIAMI, FL 33133 1660 NOCATEE DRIVE MIAMI 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered ago 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE I\$ \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change Addition TETLE Delete TITLE ZWAYER DEBORAH CAFFRAY, DEBORAH Z NAME STREET ADDRESS 1660 NOCATEE DRIVE STREET ADORESS MIAMI , FL 33133 CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-78P Change **X** Addition Delete TITLE FITLE HERSHIK DAWN CAFFRAY, MARK L NAME 1660 NOCATEE DRIVE STREET ADDRESS STREET ADDRESS NAPERVILLE, IL 60540 CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition EITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY+ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fitting 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.

**FILED**