2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006927

City-St-Zip:

SHERMAN OAKS, CA 91403

FILED Jan 08, 2008 Secretary of State

Entity Name: SEATIP COMPUTING SERVICES, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3821 STATE ROAD 64 EAST BRADENTON, FL 34208			3111 56TH AVE EAST ELLENTON, FL 34222		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3821 STATE ROAD 64 EAST BRADENTON, FL 34208				3111 56TH AVE EAST ELLENTON, FL 34222	
FEI Number:	33-0374958	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SEGRAVES, MIKKI 3821 STATE ROAD 64 EAST BRADENTON, FL 34208 US				SEGRAVES, MIKKI 3111 56TH AVE EAST ELLENTON, FL 34222 US	
	named entity : e of Florida.	submits this statement for the pu	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				01/08/2008	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP () SEGRAVES, M 3111 56TH AVE ELLENTON, FL	EEAST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VCS () SEGRAVES, EI 3111 56TH AVE ELLENTON, FL	EEAST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MORGNER, CA	Delete RLOS A BLVD. #1080	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: MIKKI SEGRAVES CP 01/08/2008