2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2012
Secretary of State

DOCUMENT# F66962

Entity Name: SEABREEZE MANAGEMENT INCORPORATED

Current Principal Place of Business:

40 N.W. LINCOLN DR.
FT. WALTON BCH., FL 325473015 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1075
FT WALTON BEACH, FL 325491075 US

New Mailing Address:

FEI Number: 59-2946774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, STEPHEN M
114 GAIL LA RUE
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WILLIAMS, STEPHEN M
Address: 114 GAIL LA RUE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: T
Name: WILLIAMS, MICHAEL C
Address: 554 CORAL COURT UNIT 206
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: V
Name: WILLIAMS, MATTHEW W
Address: 874 VENUS COURT UNIT 204
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: S
Name: WILLIAMS, OMA B
Address: 229 ALCONESE AVENUE SE UNIT E
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: CEO
Name: WILLIAMS, JOHN S
Address: 229 ALCONESE AVENUE SE UNIT E
City-St-Zip: FORT WALTON BEACH, FL 32548 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN S. WILLIAMS CEO 02/17/2012

Electronic Signature of Signing Officer or Director — Date