2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002470

Entity Name: SEA SAFE GATOR GRATE, INC.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ER DRIVE TE, LA 70508	US			
Current Mailing Address:			New Mailing Address:		
	ER DRIVE TE, LA 70508	US			
FEI Number	: 72-0849427	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
		ENUE, SUITE 1200 11 US			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO () OUTCAULT, THO 209 GLASER DI LAFAYETTE, LA	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CSD () BAIRD, WILLIAN 3245 FAYETTE BIRMINGHAM, A	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () SHORT, ROLAN 3245 FAYETTE BIRMINGHAM, A	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VGM () DEROUEN, LYN 209 GLASER DI LAFAYETTE, LA	₹	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () DOMENGEAUX 209 GLASER DI LAFAYETTE, LA	₹	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICK MCGRATH POA 04/26/2006