



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90067 026 ***150.00

DOCUMENT # G70233 1. Entity Name SEMINOLE DUNES, INC.					
Principal Place of Business 2003 SEMINOLE RD ATLANTIC BEACH, FL 32233 US			Mailing Address 2003 SEMINOLE RD ATLANTIC BEACH, FL 32233 US		
2. Principal Place of Business 2007 Seminole Rd Suite, Apt. #, etc.		3. Mailing Address 2007 Seminole Rd Suite, Apt. #, etc.			
City & State Atlantic Beach FL		City & State Atlantic Beach FL		4. FEI Number 59-2446145	
Zip 32233		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KREUZ, MARSHA 2003 SEMINOLE RD ATLANTIC BEACH, FL 32233			7. Name and Address of New Registered Agent Name Julie Crews Street Address (P.O. Box Number is Not Acceptable) 2007 Seminole Rd Atlantic Beach City Atlantic Beach FL Zip Code 32233		
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 the obligations of registered agent. SIGNATURE <u><i>Marsha Kreuz</i></u> DATE <u>2-17-05</u> <small>Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KREUZ, MARSHA 2003 SEMINOLE RD ATLANTIC BEACH, FL 32233 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Crews Julie 2007 Seminole Rd Atlantic Beach FL 32233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CREWS, RANDY 2007 SEMINOLE RD ATLANTIC BEACH, FL 32233 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary -VP McKinnon, Sharon 2001 Seminole Rd Atl. Bch. FL 32233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.					
SIGNATURE: <u><i>Julie Crews</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/17/05</u> Daytime Phone # <u>9049940513</u>		

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