
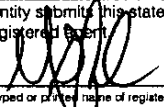
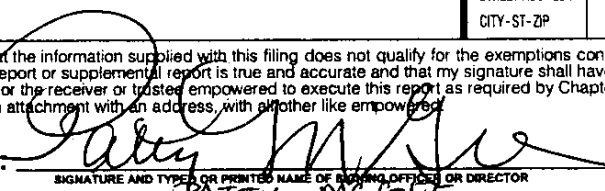


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90015 012 ***150.00

DOCUMENT # J85958 1. Entity Name ARCHIE'S SEABREEZE, INC.					
Principal Place of Business 401 S. OCEAN DRIVE FT. PIERCE, FL 34949			Mailing Address 401 S. OCEAN DRIVE FT. PIERCE, FL 34949		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1844141	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BOYD, J. CURTIS 117 SOUTH 2ND STREET, SUITE 208 FT. PIERCE, FL 34950				7. Name and Address of New Registered Agent Name Michael D. Fowler Street Address (P.O. Box Number is Not Acceptable) 1680 S.W. St. Lucie West Blvd. #204 City Port St. Lucie FL Zip Code 34986	
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  DATE 1-29-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	VP MC GEE, BARBARA <input checked="" type="checkbox"/> Delete 401 S. OCEAN DR. FT. PIERCE, FL 34949 DECEASED 2007		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP,S,T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition McGee, Patty 401 S. Ocean Drive FT. PIERCE, FL 34949	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MC GEE, PATTY <input type="checkbox"/> Delete 401 S. OCEAN DR. FT. PIERCE, FL 34949		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	
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 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.					
SIGNATURE:  DATE 1/24/08 772 332005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01172008 Chg-P CR2E034 (12/06)