## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62351

FILED Apr 13, 2009 Secretary of State

Entity Name: SEABREEZE COMMUNICATIONS GROUP, INC.

| Current Principal Place of Business:   |   | New Principal Place of Business:   |   |   |
|--|---|--|---|---|
|  | FAX AVENUE<br>ERS, FL 33912   | 2  |   |   |
| Current Mailing Address:   |   | New Mailing Address:   |   |   |
|  | FAX AVENUE<br>ERS, FL 33912   | 2  |   |   |
| El Number  | : 65-0099770  | FEI Number Applied For()   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )             |
| lame and   | Address of C  | urrent Registered Agent:   | Name and Address of                         | of New Registered Agent:                      |
| 630 HALI   | RRENCE C.<br>FAX AVENUE   |  |   |   |
| ORIWIT   | ERS, FL 33912   | 2 US   |   |   |
| he above   | ·   |  | ourpose of changing its registere           | ed office or registered agent, or both,       |
| he above   | named entity s<br>e of Florida.   |  | ourpose of changing its registere           | ed office or registered agent, or both,       |
| he above<br>the State  | named entity se of Florida.   |  |   | ed office or registered agent, or both,  Date |
| The above<br>of the State<br>SIGNATUI  | named entity see of Florida. RE: Electron   | submits this statement for the p   |   |   |
| The above<br>the State<br>SIGNATUI   | named entity see of Florida. RE: Electron   | submits this statement for the particle in the particle is signature of Registered Agrammeters (and contribution (and co | ent   |   |
| The above the State of the Stat | named entity see of Florida.  RE: Electron mpaign Financing S AND DIREC   | ic Signature of Registered Agr<br>Trust Fund Contribution ( ).  TORS:  Delete CE C. AVE  | ent   | Date  |
| The above<br>the State<br>SIGNATUI   | e named entity see of Florida.  RE:  Electron  mpaign Financing  S AND DIRECT  PS ()  REID, TERREN  5630 HALIFAX  FORT MYERS, | ic Signature of Registered Agr<br>Trust Fund Contribution ( ).  TORS:  Delete CE C. AVE FL 33912  Delete LYN M. AVE  | ent  ADDITIONS/CHANG  Title: Name: Address: | Date ES TO OFFICERS AND DIRECTORS             |

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.

SIGNATURE: JACQUELYN M REID VT 04/13/2009