2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L08832

City-St-Zip:

MIRAMAR, FL 33025 US

Entity Name: SEABROOKS AND ASSOCIATES, INC.

FILED Apr 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 997 SW 104TH WAY PEMBROKE PINES, FL 330253580 US **Current Mailing Address: New Mailing Address:** 997 SW 104TH WAY PEMBROKE PINES, FL 330253580 US FEI Number: 65-0135480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATRICIA A. SEABROOKS 997 SW 104TH WAY PEMBROKE PINES, FL 33025 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SEABROOKS, DR PATRICIA A PRES SEABROOKS, PATRICIA A DR Name: Name: 997 SW 104TH WAY 997 SW 104TH WAY Address: Address: PEMBROKE PINES, FL 330253580 City-St-Zip: PEMBROKE PINES, FL 330253580 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SEABROOKS, REV WILLIE JR Name: 997 SW 104TH WAY Address: Address: PEMBROKE PINES, FL 330253580 City-St-Zip: City-St-Zip: Title: Title: VD () Delete () Change () Addition SEABROOKS, MIA C., Name: Name: 17051 NE 23RD AVENUE Address: Address: NORTH MIAMI BEACH, FL 33161 US City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition SEABROOKS, PATRICIA A.W. MCPHEE, PATRICIA A. W Name: Name: Address: 2190 RUTLAND ST Address: 4354 PLEASANT POINT DR., #E City-St-Zip: OPA LOCKA, FL 33054 US City-St-Zip: DECATUR, GA 30034 US Title: Title: () Delete () Change () Addition CARTER, ANN D Name: Name: 8504 SHERATON DRIVE Address: Address:

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.

City-St-Zip:

SIGNATURE: PATRICIA A SEABROOKS PRES 04/14/2008