

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L82308

Entity Name: SEAKING, INC.

FILED
Feb 11, 2009
Secretary of State

Current Principal Place of Business:

2200 SW 71ST. TERRACE
DAVIE, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

2200 SW 71ST. TERRACE
DAVIE, FL 33317 US

New Mailing Address:

FEI Number: 65-0204889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLETCHER, NORGAN, LEWIS & BOCHINS LLP
5300 WACHOVIA FINANCIAL CENTER
200 S BISCAYNE BLVD
MIAMI, FL 331312339 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: HELLER, PATRICK A
Address: 2200 SW 71ST. TERRACE
City-St-Zip: DAVIE, FL 33317

Title: SD () Delete
Name: WILD, BRUNO
Address: RTE PETIT-MONCOR
City-St-Zip: VILLARS-SUR-GLANE 1, SW CH-172

Title: TD () Delete
Name: FRIES, PAUL
Address: RTE PETIT-MONCOR
City-St-Zip: VILLARS-SUR-GLANE 1, SW CH-172

Title: MD () Delete
Name: STEVENSON, MARK A
Address: 1470 SHERIDAN STREET; NUMBER 7
City-St-Zip: HOLLYWOOD, FL 33020 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK A. STEVENSON

MD

02/11/2009

Electronic Signature of Signing Officer or Director

Date