


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90012 009 \*\*\*158.75

<b>DOCUMENT # M48260</b>	
1. Entity Name <b>SEAMARK INTERNATIONAL, INC.</b>	

Principal Place of Business C/O GEORGE M. IRVINE, JR. 2955 W. STATE RD. #84 FT. LAUDERDALE FL 33312-7701	Mailing Address C/O GEORGE M. IRVINE, JR. 2955 W. STATE RD. #84 FT. LAUDERDALE FL 33312-7701
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2. Principal Place of Business <b>2965 W. STATE ROAD 84</b> Suite, Apt. #, etc.	3. Mailing Address <b>2965 W. STATE ROAD 84</b> Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0001084</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  <b>IRVINE, GEORGE M JR</b> <b>2965 W ST RD 84</b> <b>#84</b> <b>FT. LAUDERDALE FL 33312</b>	
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7. Name and Address of New Registered Agent Name <b>GEORGE M. IRVINE JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>2965 W. STATE ROAD 84</b> City <b>FT. LAUDERDALE</b> FL Zip Code <b>33312</b>	
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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  **GEORGE M. IRVINE JR** PRES. **4-6-04**  
(NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input type="checkbox"/> Delete <b>IRVINE, GEORGE M., JR.</b> <b>2955 W. STATE RD. #84</b> <b>FT. LAUDERDALE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete <b>IRVINE, JOAN M</b> <b>2965 W STATE RD 84</b> <b>FT LAUDERDALE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete <b>COLLER, SCOT M</b> <b>2965 W STATE RD 84</b> <b>FT LAUDERDALE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>W.</b> <b>2965 W. STATE ROAD 84</b>
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PRESIDENT</b> <b>GEORGE M. IRVINE JR</b> <b>2965 W. STATE ROAD 84</b> <b>FT. LAUDERDALE, FL 33312</b>
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"/> 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)(i), 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:  **SCOT M. COLLIER** **4-6-04** **954-587-8400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #