2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002795

FILED Jan 17, 2008 Secretary of State

Entity Name: SARASOTA SEABREEZE FLYERS, INC.

Current Principal Place of Business: New Principal Place of Business:

366 MICHELANGELO DRIVE OSPREY, FL 34229

Current Mailing Address: New Mailing Address:

366 MICHELANGELO DRIVE OSPREY, FL 34229

FEI Number: 65-1220848 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:

CURCIO, BRENDEN R 366 MICHELANGELO DRIVE OSPREY, FL 34229 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:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 DELLA VOLPE, VICTOR
 Name:
 O'GRADY, ALAN W

 Address:
 5866 SHADY BROOK WAY
 Address:
 8482 SAILING LOOP

 City-St-Zip:
 SARASOTA, FL 342434861
 City-St-Zip:
 BRADENTON, FL 34202

Title: VD () Delete Title: (X) Change () Addition Name: O'GRADY, ALAN W Name: KAMMERDINER, RICHARD Address: 8482 SAILING LOOP Address: 5146 LAKEHURST COURT City-St-Zip: BRADENTON, FL 34202 City-St-Zip: PALMETTO, FL 34221

Title: TD () Delete Title: () Change () Addition

 Name:
 CURCIO, BRENDEN R
 Name:

 Address:
 366 MICHELANGELO DRIVE
 Address:

 City-St-Zip:
 OSPREY, FL 34229
 City-St-Zip:

 $\label{eq:time_special} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 STOVALL, THOMAS M
 Name:

 Address:
 870 FAULKWOOD COURT
 Address:

 City-St-Zip:
 SARASOTA, FL 34232
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDEN R. CURCIO TD 01/17/2008