2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # N04000010450 Jan 29, 2007 08:00 AM 1. Entity Name **Secretary of State** SEAWATER FOUNDATION, INC Principal Place of Business Mailing Address 8854 W FLAGLER STREET NO. 204 8854 W FLAGLER STREET NO. 204 MIAMI FL 33174 MIAMI FL 33174 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3791338 Not Applicable Ζıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRACIA, ANABEL Street Address (P.O. Box Number is Not Acceptable) 8854 W FLAGLER STREET NO. 204 **MIAMI FL 33174** City Zip Codo FL 8. The above named ontity 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 Signature, typort or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change 1011 ☐ Delete HITH ☐ Addition U00000607299 NAMU GRACIA, ANGEL JR NAMO STREET ADDRESS STREET ADDRESS 01/31/07-80032-009 61.25 8854 W FLAGLER STREET NO. 204 CITY-ST-7P MIAMI FL 33174 CITY-S1-ZIP HILL □ Delete ши Change Addition | NAME NAMI. GRACIA, ANABEL STREET ADDRESS 8854 W FLAGLER STREET NO. 204 STREET ADDRESS CHY-ST-7IP CHY-ST-ZIP MIAMI FL 33174 1000 ☐ Defete Change Addition NAMi GRACIA, GRACIA NAME CHRECH ADERECS 6054 W FLAGLER STREET NO. 204 SIDEFI ADDRESS CHY-S1-7IP CHY-ST-ZIP MIAMI FL 33174 HILL: ☐ Detete THILE ☐ Change Addition STREET ADDRESS STRUCT ADDITESS CHY ST-7P CHY-ST-ZIP ☐ Defete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDINGS CHY-SI-7IP CHY-51-7IP THE ☐ Delete TITLE [] Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305-4809523