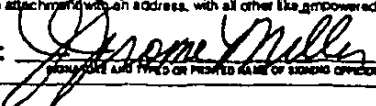


FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90023 030 ****70.00

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

1/

DOCUMENT # N05000005378			
1. Entity Name SEALYHAMS FOREVER FOUNDATION, INC.			
Principal Place of Business 415 MOUNTAIN DR STE 3 DESTIN, FL 32541		Mailing Address 415 MOUNTAIN DR STE 3 DESTIN, FL 32541	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3560714		Applied For Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent ANSLEY, ANDREA D 415 MOUNTAIN DR STE 3 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when removing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CARMANY, BARBARA P.O. BOX 76 SHARON CENTER, OH 442740078 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D METZELTHIN, MARIANNE 5611 S WESTERN BROOKLINE, MO 65619 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D JOHNSTON, MARIE S340 HOLMES RUN PKWY #104 ALEXANDER, VA 22304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BROWN, FRANDEL 947 N CITADEL CLOVIS, CA 936119493 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MILLER, JERRY 91 BAYWINDS DR DESTIN, FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the secretary 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: 		1-12-06 850-837-8977 Date Deputy Page 1	