


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90042 028 \*\*\*\*61.25

<b>DOCUMENT # N05465</b>	
1. Entity Name <b>SEBASTIAN EXECUTIVE BUILDING, INC.</b>	

Principal Place of Business <b>1623 NORTH U.S. 1, SUITE B-3 SEBASTIAN, FL 32958 US</b>	Mailing Address <b>1623 US 1 STE B-3 SEBASTIAN, FL 32958 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1623 US Hwy 1</b>	3. Mailing Address <b>1623 US Hwy 1</b>
Suite, Apt. #, etc. <b>Suite A4</b>	Suite, Apt. #, etc. <b>Suite A4</b>

City & State <b>Sebastian, FL</b>	City & State <b>Sebastian, FL</b>
Zip <b>32958</b>	Zip <b>32958</b>
Country <b>USA</b>	Country <b>USA</b>

**40000397**



01032008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2532555</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LYONS, THOMAS W 1623 U.S. 1, SUITE A-4 SEBASTIAN, FL 32958</b>	
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7. Name and Address of New Registered Agent Name <b>O'Rourke, Chris M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1623 US Hwy 1</b> <b>Ste. A4</b> City <b>Sebastian</b> FL Zip Code <b>32958</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 	01/03/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BURNEY, CARTER 1623 U.S. HWY 1, SUITE A-2 SEBASTIAN, FL 32958</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HODGES, SCOTT 1623 US HWY. 1., STE B-6 SEBASTIAN, FL 32958</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>J. SMITH, JOHN DAVID 1623 U S HWY 1, SUITE B-3 SEBASTIAN, FL 32958</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MAYNARD, KIM 1623 U.S. HWY 1, SUITE B-5 SEBASTIAN, FL 32958</b> <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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PRES. Donini, Anthony 1623 US Hwy 1, Ste. B4 Sebastian, FL 32958</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Vice Pres. Scott, Tom 1623 US Hwy 1, Ste B1 Sebastian, FL 32958</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Treasurer O'Rourke, Chris 1623 US Hwy 1, Ste. A4 Sebastian, FL 32958</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Secretary MAYNARD, Kim 1623 US Hwy 1, Ste B5 Sebastian, FL 32958</b> <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 type="checkbox"/> Change <input type="checkbox"/> 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 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 	01/03/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	