2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N08000003789

Entity Name: THE CELEBRATION OF THE SEA FOUNDATION, INC.

Current Principal Place of Business:

11420 NORTH KENDALL DRIVE, SUITE 203
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

11420 NORTH KENDALL DRIVE, SUITE 203
MIAMI, FL 33176

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PASTOR, FRANCIS
Address: 11420 NORTH KENDALL DRIVE, SUITE 203
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: OROSZ, BRUCE
Address: 11420 NORTH KENDALL DRIVE, SUITE 203
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: PASTOR, SABRINA
Address: 11420 NORTH KENDALL DRIVE, SUITE 203
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: NIVENS, FRAZIER
Address: 11420 NORTH KENDALL DRIVE, SUITE 203
City-St-Zip: MIAMI, FL 33176

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: S. SIMONS AS ATTORNEY-IN-FACT D 02/11/2009

Electronic Signature of Signing Officer or Director — Date