2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21860

Entity Name: S.E.A. RESCUE FOUNDATION, INC.

FILED Jan 08, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

625 E TENNENSSEE ST STE 200 TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

8635 W SAHARA AVE 6895 E. LAKE MEAD BLVD SUITE 486 SUITE A6-158 LAS VEGAS, NV 89117 LAS VEGAS, NV 89156

FEI Number: 43-1259211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHWEITZER, THEODORE 625 E TENNENSSEE ST STE 200 TALLAHASSEE, FL 32308

OFFICERS AND DIRECTORS:

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

Electronic Olynature of Negistered A

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 SCHWEITZER, THEODORE, G.
 Name:
 SCHWEITZER, THEODORE, G.

 Address:
 8635 W SAHARA AVE APT 486
 Address:
 6895 E. LAKE MEAD BLVD A6-158

 City-St-Zip:
 LAS VEGAS, NV 89117
 City-St-Zip:
 LAS VEGAS, NV 89156

Title: D () Delete Title: () Change () Addition

Name:SCHWEITZER, DOROTHY,Name:Address:216 ANGLER AVE, #15Address:City-St-Zip:FT WALTON BEACH, FL 32548City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: LE, HANG T Name: LE, HANG T

 Address:
 8400 CAPTAINS PLACE
 Address:
 8700 CAPTAINS PLACE

 City-St-Zip:
 LAS VEGAS, NV 89117
 City-St-Zip:
 LAS VEGAS, NV 89117

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THEODORE G. SCHWEITZER III D 01/08/2004