2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21860

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

FILED Jan 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

625 E TENNENSSEE ST 910 N. DUVAL ST. SUITE 200 SUITE 200

TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32303

Current Mailing Address: New Mailing Address:

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

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. TENNESSEE ST
SUITE 200
SCHWEITZER, THEODORE
910 N. DUVAL ST.
TALLAHASSEE, FL 32303 US

TALLAHASSEE, FL 32308 US

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: 01/06/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: SCHWEITZER, THEODORE, G. Name: SCHWEITZER, THEODORE, G. Address: 6895 E. LAKE MEAD BLVD A6-158 Address: 8635 W. SAHARA AVE, SUITE 486

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

Title: D () Delete Title: D (X) Change () Addition Name: SCHWEITZER, DOROTHY, Name: TRAN THI TAI,

 Address:
 216 ANGLER AVE, #15
 Address:
 8635 W.SAHARA AVE, SUITE 486

 City-St-Zip:
 FT WALTON BEACH, FL 32548
 City-St-Zip:
 LAS VEGAS, NV 89117

Title: D () Delete Title: D (X) Change () Addition
Name: LE, HANG T Name: LE, HANG T

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

City-St-Zip: LAS VEGAS, NV 89156 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 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: THEODORE SCHWEITZER MR. 01/06/2006