


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90290 019 ****61.25

DOCUMENT # N98000002310	
1. Entity Name SELVON SEEBRAN WORLDWIDE DELIVERANCE, INC.	

Principal Place of Business 3122 EDGEWATER DR. ORLANDO FL 32868	Mailing Address PO BOX 680749 ORLANDO FL 32868
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50050732



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 5101 Edgewater Dr Suite, Apt. #, etc.	3. Mailing Address PO Box 680749 Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Orlando, FL
Zip 32810	Country Orange
Zip 32868	Country Orange

4. FEI Number 59-8014738	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
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7. Name and Address of New Registered Agent
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SEEBRAN, SHERRY L 5122 EDGEWATER DRIVE ORLANDO FL 32868

Name Sherry Seebrian
Street Address (P.O. Box Number is Not Acceptable) 5101 Edgewater Dr
City Orlando
FL
Zip Code 32810

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 Sherry Seebrian (NOTE: Registered Agent signature required when reinstating) DATE 4-26-05

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEEBRAN, SELVON		NAME	
STREET ADDRESS 5122 EDGEWATER DR		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEEBRAN, SHERRY L		NAME	
STREET ADDRESS 5122 EDGEWATER DR		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CROSS, JERRY		NAME	
STREET ADDRESS CLAYTON RD		STREET ADDRESS	
CITY-ST-ZIP CLEO AL		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STONE, TRACY		NAME	
STREET ADDRESS 6641 MADISON RD.		STREET ADDRESS	
CITY-ST-ZIP WILSON NC 27807		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STONE, LISA		NAME	
STREET ADDRESS 6641 MADISON RD.		STREET ADDRESS	
CITY-ST-ZIP WILSON NC 27807		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Sherry Seebrian SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4-26-05 DAYTIME PHONE # 407-647-9769