


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 08:00 A
Secretary of State

DOCUMENT # P00000102150

1. Entity Name
SEALAND GROUP INC.



Principal Place of Business 7860 NW 71ST ST. SUITE 109 & 111 MIAMI, FL 33166-2342	Mailing Address 7860 NW 71ST ST. SUITE 109 & 111 MIAMI, FL 33166-2342
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DO NOT WRITE IN THIS SPACE



05042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1052119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DELUCCHI, EDUARDO
 7860 NW 71ST ST.
 SUITE 109 & 111
 MIAMI, FL 33166**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DELUCCHI, EDUARDO 7860 NW 71ST ST. - SUITE 109 & 111 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DELUCCHI, MARIA 7860 NW 71ST ST. - SUITE 109 & 111 MIAMI, FL 33166
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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 607, 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: Eduardo A. Delucchi **Eduardo A. Delucchi**
 _____ Date: 05/04/06 Daytime Phone #: 305-629-9605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR