2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 31, 2006 08:00 AM Secretary of State

, ANNUAL REPURI				Secretary or State
1. Entity Nam SEA STA	RI, INC.	362		
Principal Place 1438 CROYD CLEARWATER	ON DR	Mailing Address 1438 CROYDON DR CLEARWATER, FL 33756		L INTENTAL AND BEING BENNE DENNE DETNY DENNE BENEF KIRK I DENNE ANDER KINDE WOND HET REEL AF REEK
DO NOT WRITE IN THIS SPAC			CE	03042006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired \$38.75 Additional Fee Required
6. Name and Address of Current Registered Agent PERHAM, LYN S 1438 CRAYDEN ST CLEARWATER, FL 33756				DO NOT WRITE IN THIS SPACE
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 (flood or printed name of registered agent and title if applicable). (NOTE Registered Agent signature required when reinstating): OATE				
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
10. TIPLE NAME SIRLEI ADDRESS CITY-ST-ZIP	OFFICERS AND D PVPT PERHAM, THOMAS 1438 CROYDON DR1 CLEARWATER, FL 33756	RECTORS		U00000486641 04/13/06-30046-007 150.00
TITLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE	S PERHAM, LYN S 1438 CROYDON DR CLEARWATER, FL 33756			04/13/06-20046-08/ 158,88
NAME STREET ADDITIESS CITY-57-ZIP TITLE			-	DO NOT WRITE
NAME STREET ADDRESS CATY-ST-ZIP TITLE				IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE			_	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby condicated	certify that the information supplied with the	his filing does not qualify for the ex-	emptions contained	of in Chapter 119, Florida Statutes, I further certify that the information
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 11 if changed, or on an attackment with an address, with all other like empowered.				