2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000038763 SEAMARK REALTY, INC. OL AUG - 4 PH 3: 12 Principal Place of Business Mailing Address SECRETARISETE PLAIDA 5975 WHIRLAWAY ROAD 17781 SE FEDERAL HWY PALM BEACH GARDENS, FL 33418 TEQUESTA, FL 33469 No Chg-P 07152004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 83-0360582 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GLEASON, MARGARET 5975 WHIRLAWAY ROAD PALM BEACH GARDENS, FL 33418 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the \Box corporation did not receive the prior notice. Trust Fund Contribution. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. PSD TITLE 600040323916 08/19/04--01034--020 **850.00 GLEASON, MARGARET NAME STREET ADDRESS 5975 WHIRLAWAY ROAD PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM: STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florioa 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 chapter does not attached the property with an address with all other like empowered.

SIGNATURE: SIGNATURE AND THE OF PUNTED NAME OF SIGNING OFFICER OF DIRECTOR

CITY-ST-ZIP

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