

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058186

FILED
Jan 19, 2009
Secretary of State

Entity Name: SEACLIFFE MARINE MANAGEMENT, INC.

Current Principal Place of Business:

9 SW 13TH ST.
FT. LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

9 SW 13TH ST.
FT. LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 65-1112727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, TOM
9 SW 13TH ST.
FT. LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEAN, TREVOR
Address: 5038 MABRY DRIVE
City-St-Zip: NAPLES, FL 34102

Title: VPD () Delete
Name: DEAN-FLEISCHMAN, MICHELE
Address: 5038 MABRY DRIVE
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEAN, TREVOR
Address: 5038 MABRY DRIVE
City-St-Zip: NAPLES, FL 34112

Title: VPD (X) Change () Addition
Name: DEAN-FLEISCHMAN, MICHELE
Address: 5038 MABRY DRIVE
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TREVOR DEAN

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date