2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 10, 2008 08:00 A Secretary of State **DOCUMENT # P01000071682** 1. Entity Name SEEMA CORPORATION Principal Place of Business Mailing Address 2410 ABBY DR APT 104 2410 ABBY DR APT 104 KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 02132008 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3731309 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DABHOIWALA, RUMANA M DO NOT WRITE 2410 ABBY DR APT 104 KISSIMMEE, FL 34741 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 \$5.00 May Be -FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DABHOIWALA, RUMANA M NAME STREET ADDRESS 2410 ABBY DR APT 104 CITY-ST-ZIP KISSIMMEE, FL 34741 U00000852515 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 1 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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

FILED