


**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

04 SEP -3 AM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000022269
1. Entity Name
SEA SUB SYSTEMS, INC.




Principal Place of Business: 4645 95 ST N, UNIT 2, ST PETERSBURG, FL 33708
Mailing Address: PO BOX 1204, INDIAN ROCKS BCH, FL 33785-1204

2. Principal Place of Business: 9308 134th St. N.
Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: Seminole, FL

Zip: 33776



08122004 Chg-P CR2E034 (10/03)
4. FEI Number: 75-3017971
Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAMAIRE, ROBIN
4645 95 ST N, UNIT 2
ST PETERSBURG, FL 33708

7. Name and Address of New Registered Agent
Name: LaMaire, Robin
Street Address (P.O. Box Number is Not Acceptable): 9308 134th St. N.
City: Seminole, FL Zip Code: 33776

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: *[Signature]* Robin LaMaire DATE: 09/01/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	LAMAIRE, ANNE	
STREET ADDRESS	PO BOX 1204	
CITY-ST-ZIP	INDIAN ROCKS BCH, FL 33785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAMAIRE, ROBIN	
STREET ADDRESS	PO BOX 1204	
CITY-ST-ZIP	INDIAN ROCKS BCH, FL 33785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000040970930	
CITY-ST-ZIP	09/10/04--01069--015 **\$61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* Anne LaMaire, Pres. DATE: 09/01/2004 (727) 393-6114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR