

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000022269

1. Entity Name  
 SEA SUB SYSTEMS, INC.



Principal Place of Business  
 9308 134TH STREET NORTH  
 SEMINOLE, FL 33776

Mailing Address  
 PO BOX 1204  
 INDIAN ROCKS BCH, FL 33785-1204



**DO NOT WRITE IN THIS SPACE**

04222005 No 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  
 9308 134TH STREET NORTH  
 SEMINOLE, FL 33776

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

100000344288  
 04/29/05-80130-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DPST
NAME	LAMAIRE, ANNE
STREET ADDRESS	PO BOX 1204
CITY-ST-ZIP	INDIAN ROCKS BCH, FL 33785
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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] 4/25/05 393 6114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ANNE LAMAIRE DPST.