


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90028 034 \*\*\*158.75

<b>DOCUMENT # P02000095455</b> 1. Entity Name SEA-SAW ASSOCIATES INC.	
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Principal Place of Business 3450 S OCEAN BLVD STE 701 PALM BEACH, FL 33480	Mailing Address 1 KENSINGTON MANOR MIDDLETOWN, NY 10941
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**DO NOT WRITE IN THIS SPACE**

40020122



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0029290	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MOONEY, MARK F 1211 W FLETCHER AVE TAMPA, FL 33612
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KOLAN, STANLEY 1 KENSINGTON MANOR MIDDLETOWN, NY 10941
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD <i>Vice President</i> <del>KOLAN, MATTHEW</del> <i>John D. Lacey</i> 1 KENNSINGTON MANOR MIDDLETOWN, NY 10941
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>11/28/08</i>	Daytime Phone # <i>845-692-9008</i>
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