2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112774

Entity Name: SEASIDE PPR, INC.

City-St-Zip:

YULEE, FL 32097

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3 SOUTH 2ND ST., SUITE 202 SUNTRUST CENTER FERNANDINA BCH, FL 32034 5211 S. FLETCHER AVENUE SUITE 265 FERNANDINA BCH, FL 32034 **Current Mailing Address: New Mailing Address:** P.O.BOX 16089 FERANDINA BEACH, FL 32035 FEI Number: 02-0652173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TOMASSETTI, A. JEFFREY ESQ. 406 ASH ST FERNANDINA BCH, FL 32034 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HEAD, PAUL Name: Name: HEAD, PAUL 1807 BEACHWALKER RD 1768 DUNES CLUB PLACE Address: Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034 Title: Title: () Delete () Change () Addition Name: GILLEY, PASCHEL Name: 436 BEACHSIDE PLACE Address: Address: FERNANDINA BEACH, FL 32034 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition DARLINGTON, RICHARD Name: Name: 500 HARVESTER RD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: PAUL W. HEAD PD 04/28/2006