2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P02000113004** 1. Entity Name 04-29-2005 90297 024 ***150.00 ROYAL SEA, INC. Principal Place of Business Mailing Address C/O THELEN REID & PRIEST LLP 7700 CONGRESS AVENUE 14011011 875 THIRD AVENUE, #1433 STE 2206 BOCA RATON, FL 33487 NEW YORK, NY 10022 CR2E034 (10/03) 03292005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2079468 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 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. 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 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME BELLAICHE, RENE STREET ADDRESS 10, LES HAUTS DE VAUGRENIER CITY-ST-ZIP VILLENEUVE LOUBET, FRANCE, 06270 TITLE HAIMES, BURTON K NAME 875 THIRD AVENUE #1433 STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10022 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Hame SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Burton K. Haimes

4-25-05

FILED

(212) 603-2060

Daytime Phone #