

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90073 047 \*\*\*150.00

<b>DOCUMENT # P02000113004</b> 1. Entity Name <b>ROYAL SEA, INC.</b>			
Principal Place of Business <b>7700 CONGRESS AVENUE SUITE 2206 BOCA RATON, FL 33487</b>		Mailing Address <b>7700 CONGRESS AVENUE SUITE 2206 BOCA RATON, FL 33487</b>	
2. Principal Place of Business - No P.O. Box # <b>7700 CONGRESS AVE</b> Suite, Apt. #, etc. <b>SUITE 1139</b> City & State <b>BOCA RATON FL</b> Zip <b>33487</b> Country <b>US</b>		3. Mailing Address <b>7700 CONGRESS AVE</b> Suite, Apt. #, etc. <b>SUITE 1139</b> City & State <b>BOCA RATON FL</b> Zip <b>33487</b> Country <b>US</b>	
4. FEI Number <b>54-2079468</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MILLER, JOHN P 2499 GLADES RD. #305-A BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>			
<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 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORRA, JEAN C <input type="checkbox"/> Delete 7700 CONGRESS AVENUE, SUITE 2206 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORRA, JEAN C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7700 CONGRESS AVENUE SUITE 1139 BOCA RATON FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MORRA, CATHERINE <input type="checkbox"/> Delete 7700 CONGRESS AVENUE, SUITE 2206 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MORRA, CATHERINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7700 CONGRESS AVENUE SUITE 1139 BOCA RATON FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: 		Jean Claude MORRA President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1-17-08 (561) 9888648	