

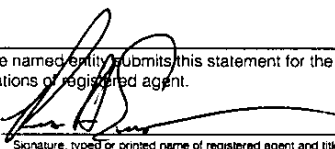
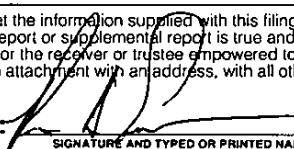


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000113838 1. Entity Name SEA BREEZE TRANSPORTATION, INC.						FILED Dec 06, 2005 8:00 A.M. Secretary of State	
Principal Place of Business 4920 CANGRO ST COCOA, FL 32926				Mailing Address 4920 CANGRO ST COCOA, FL 32926			
2. Principal Place of Business 4920 Cangro Street		3. Mailing Address 4920 Cangro Street					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Cocoa, Fl.		City & State Cocoa, Fl.		11282005 Chg-P CR2E034 (10/03)		4. FEI Number 61-1430458	
Zip 32926		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PROUGH, LINDA 4920 CANGRO ST COCOA, FL 32926				7. Name and Address of New Registered Agent Name Robert A. Everett Street Address (P.O. Box Number is Not Acceptable) 1490 Barna Avenue City Titusville FL Zip Code 32780			
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  Robert A. Everett, Pres. 11/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROUGH, LINDA 4920 CANGRO ST COCOA, FL 32926	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/T/S/D Everett, Robert A. 1490 Barna Avenue Titusville, Fl. 32780		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROUGH, RANDALL 4920 CANGRO ST COCOA, FL 32926	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000062127400 12/13/05--01058--003 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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	<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	<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 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:  Robert A. Everett, Pres. 11/29/05 (321) 383-4637 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			