


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90107 005 ***150.00

DOCUMENT # P02000114252		
1. Entity Name SEE-N-IT CORPORATION		

Principal Place of Business 434 S.W. 10TH AVE. BOYNTON BEACH, FL 33435	Mailing Address 434 S.W. 10TH AVE. BOYNTON BEACH, FL 33435
--	--

50013746



2. Principal Place of Business 4519 SW Yamada Drive Suite, Apt. #, etc.	3. Mailing Address 4519 SW Yamada Drive Suite, Apt. #, etc.
---	---

02102006 Chg-P CR2E034 (11/05)

City & State Port St. Lucie, FL	City & State Port St. Lucie, FL
Zip 34953	Country US
Zip 34953	Country US

4. FEI Number 30-0124729	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent WEST, KRISTINE C 434 S.W. 10TH AVENUE BOYNTON BEACH, FL 33435	
--	--

7. Name and Address of New Registered Agent Name West, Kristine C Street Address (P.O. Box Number is Not Acceptable) 4519 SW Yamada Drive City Port St. Lucie FL Zip Code 34953	
--	--

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 <i>X Kristine C. West, President (Kristine C. West)</i>	DATE 4-13-06

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEST, KRISTINE C 434 S.W. 10TH AVE. BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KRISTINE C. West 4519 SW Yamada Dr Port St. Lucie, FL 34953 <input checked="" 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
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: <i>X Kristine C. West (Kristine C. West)</i>	DATE 4-13-06	DAYTIME PHONE 772-340-0906
---	--------------	----------------------------