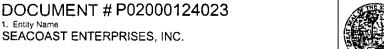
2008 FOR PROFIT CORPORATION

ANNUAL REPORT





FILED

Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90367 039 ***150.00 SEACOAST ENTERPRISES, INC. Principal Place of Business Mailing Address 800 W. CYPRESS CREEK RD., STE 465 800 W. CYPRESS CREEK RD., STE 465 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 54-2085899 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEGEL, LARRY LEGEL, LARRY 800 W. CYPRESS CREEK RD., STE 470 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33309 800 W. CYPRESS CREEK RD., STE 465 City FORT LAUDERDALE. Zip Code 33309 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSDT TITLE TITLE ☐ Delete ☐ Channe Addition GRIBBEN, ALLAN R III NAME NAME STREET ADDRESS 800 W. CYPRESS CREEK RD., STE 470 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY - ST-ZIP DVP TITLE Delete TITLE ☐ Change Addition NAME GRIBBEN, HELEN NAME STREET ADDRESS 800 W. CYPRESS CREEK RD., STE 470 STREET ADDRESS FORT LAUDERDALE, FL 33309 CITY-ST-ZIP CITY - ST- ZIP AS Defete TITLE TITLE Change Maddition NAME LEGEL, LARRY NAME STREET ADDRESS 800 W. CYPRESS CREEK RD., STE 470 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY - ST-7/P TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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 atjachment with an address, with all other like empowered.

, ARRY JEGEL SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR