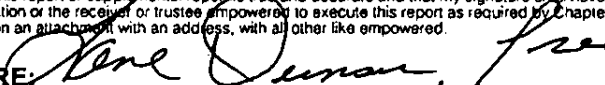


2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/ FILED
May 16, 2008 8:00 am
Secretary of State

04-17-2008 90042 042 ***150.00

DOCUMENT # P03000012166					
1. Entity Name SEASHELLBOOKS.COM, INCORPORATED					
Principal Place of Business 5355 115TH AVE N CLEARWATER, FL 33760			Mailing Address 5355 115TH AVE N CLEARWATER, FL 33760		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUMSER, LANE 3070 44TH AVE NORTH SAINT PETERSBURG, FL 33714			Name Street Address (P.O. Box Number is Not Acceptable) 5355 115th Ave N. City Clearwater FL Zip Code 33764		
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PSTD DUMSER, LANE 3070 44TH AVE N SAINT PETERSBURG, FL 33714 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Dumser, Lane 5355 115th Ave N. Clearwater, FL 33760 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP WITT, DAVID L 3070 44TH AVE NORTH SAINT PETERSBURG, FL 33714 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP Witt, DAVID L. 5355 115th Ave N. Clearwater, FL 33760 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					