
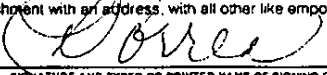


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90016 021 \*\*\*150.00  
02-27-2007 90009 015 \*\*\*\*\*8.75

<b>DOCUMENT # P03000018045</b> 1. Entity Name <b>SEA HORSE HOLDINGS, INC.</b>					
Principal Place of Business <b>18560 N BAY ROAD SUNNY ISLES BEACH, FL 33160</b>			Mailing Address <b>18560 N BAY ROAD SUNNY ISLES BEACH, FL 33160</b>		
2. Principal Place of Business - No P.O. Box # <b>18560 N Bay Rd</b> Suite, Apt. #, etc. <b>Sunny Isles Beach</b> City & State			3. Mailing Address <b>Same</b> Suite, Apt. #, etc. City & State		
Zip <b>33160</b>		Country <b>FLA</b>		4. FEI Number <b>82-0586615</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORREA, DULCE M 18560 N BAY ROAD SUNNY ISLES BEACH, FL 33160</b>			7. Name and Address of New Registered Agent  Name: Street Address (P.O. Box Number is Not Acceptable) City: <b>FL</b> Zip Code:		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when remaining)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 CORREA, DULCE M 18560 N BAY ROAD SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CORREA, JOSE A 18560 N BAY ROAD SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <b>3/14/07</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>			