
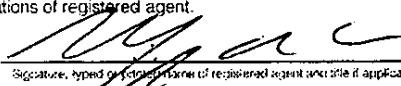
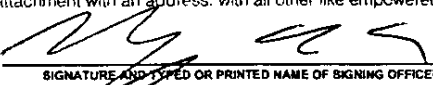


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90007 002 ***150.00

DOCUMENT # P03000047291					
1. Entity Name SEABREEZE REALTY GROUP INC.					
Principal Place of Business 539 N. OLEANDER AVE DAYTONA BEACH, FL 32118 US			Mailing Address 539 N. OLEANDER AVE DAYTONA BEACH, FL 32118 US		
2. Principal Place of Business 400 Seabreeze Blvd		3. Mailing Address 400 Seabreeze Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Daytona Beach Fl		City & State Daytona Beach Fl		4. FEI Number 75-3109885	
Zip 32118		Country USA		Applied For Not Applicable	
Zip 32118		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRETZEL, MICHAEL R 539 N. OLEANDER AVE. DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent Name Michael Bretzel Street Address (P.O. Box Number is Not Acceptable) 400 Seabreeze Blvd City Daytona Beach FL Zip Code 32118		
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 reconstituting) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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 P	NAME BRETZEL, MICHAEL R		<input type="checkbox"/> Delete		
STREET ADDRESS CITY-ST-ZIP	539 N. OLEANDER AVE. DAYTONA BEACH, FL 32118		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME BRETZEL, MICHAEL R		<input type="checkbox"/> Delete		
STREET ADDRESS CITY-ST-ZIP	539 N. OLEANDER AVE. DAYTONA BEACH, FL 32118		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T	NAME HARKINS, DONALD		<input type="checkbox"/> Delete		
STREET ADDRESS CITY-ST-ZIP	539 N. OLEANDER AVE. DAYTONA BEACH, FL 32118		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Efile Digital Phone #					