2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076448

Entity Name: SE&BINVESTMENTSINC.

FILED Apr 28, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

1630 SW 6 AVE 2617 NE 14 AVE

POMPANO BEACH, FL 33060 112

WILTON MANORS, FL 33334

Current Mailing Address: New Mailing Address:

1630 SW 6 AVE 2617 NE 14 AVE

POMPANO BEACH, FL 33060 11

WILTON MANORS, FL 33334

FEI Number: 54-2117788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LUSHING, SCOTT LUSHING, SCOTT 1630 SW 6 AVE 2617 NE 14 AVE

POMPANO BEACH, FL 33060 US 112 WILTON MANORS, FL 33334 US

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.

SIGNATURE: SCOTT LUSHING 04/28/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition

 Name:
 LUSHING, SCOTT
 Name:

 Address:
 1630 SW 6 AVE
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33060
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 COHEN, BONITA
 Name:
 COHEN, BONITA

 Address:
 1630 SW 6 AVE
 Address:
 2617 NE 14 AVE #112

 City-St-Zip:
 POMPANO BEACH, FL 33060
 City-St-Zip:
 WILTON MANORS, FL 33334

Title: D () Delete Title: D (X) Change () Addition

 Name:
 COHEN, EFRAIM
 Name:
 COHEN, EFRAIM

 Address:
 1630 SW 6 AVE
 Address:
 2617 NE 14 AVE #112

 City-St-Zip:
 POMPANO BEACH, FL 33060
 City-St-Zip:
 WILTON MANORS, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT LUSHING P 04/28/2008