## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P03000099224

SEIMETRICS INTERNATIONAL CORPORATION



FILED Feb 06, 2006 08:00 AN Secretary of State

Principal Place of Business

717 GROVE PL VERO BCH, FL 32963 Mailing Address 717 GROVE PL VERO BCH, FL 32963

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01252006 No Cha-P CR2E034 (11/05) Applied For 4. FEI Number 55-0847274 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

STEWART, WILLIAM J 3355 OCEAN DR VERO BCH, FL 32963

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	urpose of changing its reg	gistered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature typed or printed name of registered agent and title if	apptoable (NOTE, Re	gretered Agent argnature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEWINE, RALPH WIII 717 GROVE PL VERO BCH, FL 32963				
NAME STREET ADDRESS CITY-ST-ZIP					02/18/06-80037-008 158.75
THTLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE MAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter (10). 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 Aleurine, sit

285gn 2006

772,581,5753