

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000105249

1. Entity Name
SEADRAGONS INC.



Principal Place of Business
265 BARNES BLVD
ROCKLEDGE, FL 32955

Mailing Address
2405 HONEYBROOK CREEK DRIVE
MELBOURNE, FL 32935

**FILED
Apr 06, 2006 08:00 AM
Secretary of State**

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04/20/06-80051-011 150.00



DO NOT WRITE IN THIS SPACE

02152006 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0139834	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MASLOSKI, MICHAEL
2405 HONEYBROOK CREEK DR
MELBOURNE, FL 32935

**DO NOT WRITE
IN THIS SPACE**

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

Michael Masloski Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/13/06
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

10. OFFICERS AND DIRECTORS

TITLE P/D
NAME MASLOSKI, MICHAEL
STREET ADDRESS 2405 HONEYBROOK CREEK DR
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Michael Masloski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06
Date

321-917-5417
Daytime Phone #