2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109657

Entity Name: SEA CORP.

FILED Apr 28, 2009 Secretary of State

	ie. SLACOR					
Current Principal Place of Business:			New Principal	New Principal Place of Business:		
5551 RIDG SUITE 501 NAPLES, F	EWOOD DR L 34108					
Current Mailing Address:			New Mailing A	New Mailing Address:		
C/O DAVID 5551 RIDG NAPLES, F	EWOOD DR#	501	5551 RIDGEW SUITE 501 NAPLES, FL 3			
FEI Number:	20-0349702	FEI Number Applied For ()	FEI Number Not Applicabl	le () Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and Add	dress of New Registered Agent:		
BUDD, DAVID G 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES, FL 34108 US			2375 TAMIAMI SUITE 110	STARMAN, SHELDON W 2375 TAMIAMI TRAIL NORTH SUITE 110 NAPLES, FL 34103 US		
The above in the State		ubmits this statement for the p	urpose of changing its re	gistered office or registered agent, or b	ooth,	
SIGNATURE: SHELDON W STARMAN						
SIGNATUR	RE: SHELDON	N W STARMAN		04/28/2009		
SIGNATUR		N W STARMAN ic Signature of Registered Age	nt	04/28/2009 Date		
	Electroni		nt			
Election Carr	Electroni	ic Signature of Registered Age Trust Fund Contribution ().			CTORS:	
Election Carr	Electroni npaign Financing S AND DIRECT VS () BUDD, DAVID G	c Signature of Registered Age Trust Fund Contribution (). TORS: Delete DOD DRIVE, SUITE 501		Date	CTORS:	
Election Carr OFFICERS Title: Name: Address:	Electronic	c Signature of Registered Age Trust Fund Contribution (). FORS: Delete DOD DRIVE, SUITE 501 108 Delete LDON W TRL. NO, STE. 400	ADDITIONS/C Title: Name: Address: City-St-Zip: Title: Name: STA	Date HANGES TO OFFICERS AND DIRECT () Change () Addition	CTORS:	
Election Carr OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic	C Signature of Registered Age Trust Fund Contribution (). TORS: Delete DOD DRIVE, SUITE 501 108 Delete LDON W TRL. NO, STE. 400 1032750 Delete	ADDITIONS/C Title: Name: Address: City-St-Zip: Title: Name: STA	Date HANGES TO OFFICERS AND DIRECT () Change () Addition T (X) Change () Addition ARMAN, SHELDON W 75 TAMIAMI TRL. NO, STE. 110	CTORS:	

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: DAVID G BUDD V 04/28/2009