

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90200 044 ***150.00

DOCUMENT # P03000121724						
1. Entity Name SEA O-D ADVENTURES, INC.						
Principal Place of Business 220 SW 32 ST FT LAUDERDALE, FL 33315			Mailing Address 220 SW 32 ST FT LAUDERDALE, FL 33315			
2. Principal Place of Business - No P.O. Box # 1581 SW 27 Terrace		3. Mailing Address 1581 SW 27 Terrace				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State Fort Lauderdale FL		City & State Fort Lauderdale FL		4. FEI Number 51-0492474		
Zip 33312		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent STEPHENS, JOHN E 220 SW 32 ST FT LAUDERDALE, FL 33315			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1581 SW 27 Terrace City <u>Fort Lauderdale</u> FL <u>33312</u>			
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 reinstating)						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD	NAME STEPHENS, JOHN E		<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 220 SW 32 ST	CITY-ST-ZIP FORT LAUDERDALE, FL 33315			STREET ADDRESS 1581 SW 27 Terrace	CITY-ST-ZIP Fort Lauderdale, FL 33312	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS 	CITY-ST-ZIP 			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 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:				4/23/2007 954-931-8674		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		