2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# P03000152615

Entity Name: SEABREEZE PHYSICAL THERAPY ,INC.

Current Principal Place of Business:

3931 BELLE VISTA DRIVE
ST PETERSBURG BEACH, FL 33706

New Principal Place of Business:

401 S PASADENA AVE
ST PETERSBURG, FL 33707

Current Mailing Address:

3931 BELLE VISTA DRIVE
ST PETERSBURG BEACH, FL 33706

New Mailing Address:

401 S PASADENA AVE
ST PETERSBURG, FL 33707

FEI Number: 20-0505425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRINQUE, STEPHEN J
3931 BELLE VISTA DRIVE
ST PETERSBURG BEACH, FL 33706 US

Name and Address of New Registered Agent:

TRINQUE, STEPHEN J
401 S PASADENA AVE
ST PETERSBURG, FL 33707 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: STEPHEN TRINQUE 06/29/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TRINQUE, STEPHEN J
Address: 3931 BELLE VISTA DRIVE
City-St-Zip: ST PETERSBURG BEACH, FL 33706

Title: VP ( ) Delete
Name: TRINQUE, PATRICIA A
Address: 3931 BELLE VISTA DRIVE
City-St-Zip: ST PETERSBURG BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TRINQUE, STEPHEN J
Address: 401 S PASADENA AVE
City-St-Zip: ST PETERSBURG, FL 33707

Title: VP (X) Change ( ) Addition
Name: TRINQUE, PATRICIA A
Address: 401 S PASADENA AVE
City-St-Zip: ST PETERSBURG, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEPHEN TRINQUE PRES 06/29/2005
Electronic Signature of Signing Officer or Director Date