2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000020042

Entity Name: SEASIDE INVESTORS CORP.

FILED Sep 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5200 N. FLAGLER DR. 5200 N. FLAGLER DR.

2004 1904

WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33407 US

Current Mailing Address: New Mailing Address:

5200 N. FLAGLER DRIVE P.O. BOX 952

2004 WEST PALM BEACH, FL 33402 US

WEST PALM BEACH, FL 33407 US

FEI Number: 56-2433531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HORNE, LINDA A
5200 N. FLAGLER DRIVE
5200 N. FLAGLER DRIVE

2004 1904

WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33407 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: LINDA A. HORNE 09/05/2005

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 $\label{eq:title:pt} \mbox{Title:} \qquad \mbox{P,T} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{P,T} \qquad \mbox{(X) Change () Addition}$

Name: HORNE, LINDA A Name: HORNE, LINDA A

Address: 5200 N. FLAGLER DRIVE, SUITE 2004 Address: 5200 N. FLAGLER DRIVE, SUITE 1904 City-St-Zip: WEST PALM BEACH, FL 33407 US City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: VP,S () Delete Title: VP,S (X) Change () Addition

Name: BRIEN, STEFAN C Name: BRIEN, STEFAN C

Address: 5200 N. FLAGLER DRIVE, SUITE 2004 Address: 5200 N. FLAGLER DRIVE, SUITE 1904 City-St-Zip: WEST PALM BEACH, FL 33407 US City-St-Zip: WEST PALM BEACH, FL 33407 US

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: LINDA A. HORNE PRES 09/05/2005