

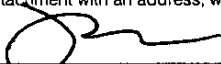


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90037 016 ***150.00

DOCUMENT # P04000045163					
1. Entity Name HOME AT SEA, INC.					
Principal Place of Business 57 N. BAY HARBOR DRIVE KEY LARGO, FL 33037 US			Mailing Address 57 N. BAY HARBOR DRIVE KEY LARGO, FL 33037 US		
2. Principal Place of Business 29019 Old Milby Rd. Suite, Apt. #, etc.		3. Mailing Address 29019 Old Milby Rd. Suite, Apt. #, etc.			
City & State BROOKSVILLE, FL Zip: 34602 Country: USA		City & State BROOKSVILLE, FL Zip: 34602 Country: USA		4. FEL Number 86-1099745	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEGAL ZOOM NEVADA, INC. 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 PRES NAME CRENSHAW, PATRICK STREET ADDRESS 57 N. BAY HARBOR DRIVE CITY-ST-ZIP KEY LARGO, FL 33037	<input type="checkbox"/> Delete		TITLE DIR NAME Crenshaw, Patrick STREET ADDRESS 29019 Old Milby Rd. CITY-ST-ZIP BROOKSVILLE, FL 34602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TREA NAME SPENCER, BRAD STREET ADDRESS 57 N. BAY HARBOR DRIVE CITY-ST-ZIP KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SECR NAME CRENSHAW, BETH STREET ADDRESS 57 N. BAY HARBOR DRIVE CITY-ST-ZIP KEY LARGO, FL 33037	<input type="checkbox"/> Delete		TITLE President NAME Crenshaw, Beth STREET ADDRESS 29019 Old Milby Rd. CITY-ST-ZIP BROOKSVILLE, FL 34602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DIR NAME SPENCER, DEANNE STREET ADDRESS 57 N. BAY HARBOR DRIVE CITY-ST-ZIP KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			1/11/05 954-818-1636		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		