## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000045268

Entity Name: SEA WORLD SERVICES CORPORATION

FILED Feb 24, 2005 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
	MPLE RD., S <sup>*</sup> BEACH, FL						
Current Mailing Address:				New Mailing Address:			
	MPLE RD., S` BEACH, FL						
FEI Number:	El Number: 20-0911543 FEI Number Applied For() FE		) FEI Nur	El Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
TAX HOUSE CORPORATION 1261 E SAMPLE RD POMPANO BEACH, FL 32064 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:							
Electronic Signature of Registered Agent Date							
Election Cam	paign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	RAIMUNDO LU 10304 SW 19 S			Title: Name: Address: City-St-Zip:	P (X) Change RAIMUNDO LUIZ, SEBA 10304 SW 19 STREET PEMBROKE PINES, FL		
Title: Name: Address: City-St-Zip:	ANTONIO DE C 10304 SW 19 8			Title: Name: Address: City-St-Zip:	V (X) Change ANTONIO DE OLIVEIRA 10304 SW 19 STREET PEMBROKE PINES, FL		
Title: Name: Address: City-St-Zip:	LUIZ, LAURENI 10304 SW 19 S			Title: Name: Address: City-St-Zip:	S (X) Change LUIZ, LAURENICE M 10304 SW 19 STREET PEMBROKE PINES, FL	( ) Addition 33025	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	D ( ) Change LUIZ, SUSANA O 10304 SW 19 STREET PEMBROKE PINES, FL	(X) Addition 33025	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	D ( ) Change OLIVEIRA, SANDRA L 10304 SW 19 STREET PEMBROKE PINES, FL	(X) Addition 33025	

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: SANDRA LUIS OLIVEIRA D 02/24/2005