

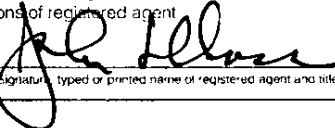
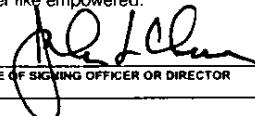


2006 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | | | | | |
|--|--|---------------------------------|--|---|--|---|--|
| DOCUMENT # P05000028025 | | | |  | | FILED 2006 SEP 19 PM 8:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 1. Entity Name A.B SEA INC | | | | Principal Place of Business 120 GULFWIND LANE MARATAHON, FL 33050 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | Mailing Address 120 GULFWIND LANE MARATAHON, FL 33050 | | | |
| 3. Mailing Address Suite, Apt. #, etc. | | | |  | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 4. FEI Number 37-1505055 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent SORGI, DEBORAH 120 GULFWIND LANE MARATAHON, FL 33050 | | | | 7. Name and Address of New Registered Agent Name JOHN L. CHASS Street Address (P.O. Box Number is Not Acceptable) 103 SANTA BARBARA City MARATHON FL Zip Code 33050 | | | |
| 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  9/14/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006 | | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHASS, JOHN L 1700 AVE H MARATHON, FL 33050 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHASS JOHN L 103 SANTA BARBARA MARATHON FL 33050 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHASS, CAROL 1700 AVE H MARATHON, FL 33050 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAROL CHASS 103 SANTA BARBARA MARATHON FL 33050 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSE, BRAD 120 GULFWIND LANE MARATHON, FL 33050 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300080194523 08/26/06--01075--018 **150.00 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SORGI, DEBORAH 120 GULFWIND LANE MARATHON, FL 33050 | <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 | <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 | <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 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: JOHN L CHASS  | | | | 9/14/06 | | 8168078851 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date</small> | | <small>Daytime Phone #</small> | |