## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 14, 2008 08:00 AM **DOCUMENT # P05000029926 Secretary of State** 1. Entity Name SEA PIONEER, INC. Mailing Address Principal Place of Business 3020 N. MILITARY TRAIL, STE. 100 3020 N. MILITARY TRAIL, STE. 100 BOCA RATON, FL 33431 BOCA RATON, FL 33431 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2470126 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SARGEANT, HARRY DO NOT WRITE 3020 N. MILITARY TRAIL, STE. 100 BOCA RATON, FL 33431 IN THIS SPACE 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 rematating) Signature, typed or printed name of registered agent and title if applicable to the second 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 - · Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 'TITLE SARGEANT, HARRY NAME 3020 N. MILITARY TRAIL, STE. 100 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 DS. TITLE U00000827419 02/21/08-80089-020 158.75 SARGEANT, JANET NAME STREET ADDRESS 3020 N. MILITARY TRAIL, STE. 100 CITY-ST-ZIP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP. "1" I hereby certify that the information supplied with this filling 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 flustee 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.

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561-999-9916

FILED