2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000159207

1. Entity Name
SEA WORLD CREATIONS INC.

Principal Place of Business	Mailing Address
91 WILLOW RD – #202 TEQUESTA, FL 33469	PO BOX 2163 JUPITER, FL 33468

66009322

03282008   Chg-P   CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number **51-0559389** NOT APPLICABLE — Applied For / Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country	Zip / Country	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EDWARDS, CAROLYN L 91 WILLOW RD 202 TEQUESTA, FL 33469	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: EDWARDS, CAROLYN L STREET ADDRESS: PO BOX 2163 CITY-ST-ZIP: JUPITER, FL 33468	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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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: *Carolyn Edwards*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   4/3/08   561.371.1023
Date   Daytime Phone #