

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90018 035 ***150.00

| | | | | | |
|--|---|--|---|---------------------------------------|--|
| DOCUMENT # P06000025238 | | | | | |
| 1. Entity Name SOUTH SEA TREASURE, INC. | | | | | |
| Principal Place of Business 1902 SE CAMILO STREET PORT ST LUCIE, FL 34952 | | | Mailing Address 1902 SE CAMILO STREET PORT ST LUCIE, FL 34952 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 04-3846569 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FOLDEN, GERALDINE 1902 SE CAMILO STREET PORT ST LUCIE, FL 34952 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE PT | NAME FOLDEN, JEFFREY | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 1902 SE CAMILO STREET | CITY - ST - ZIP PORT ST LUCIE, FL 34952 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE VS | NAME FOLDEN, GERALDINE | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 1902 SE CAMILO STREET | CITY - ST - ZIP PORT ST LUCIE, FL 34952 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE | NAME | | <input type="checkbox"/> Delete | | |
| 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 | | | 2/28/07 772 (380-0554) | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |