2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 23, 2007 8:00 am Secretary of State

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DOCU 1. Entity Nam SEAGUL	10	# P06000083 RETE INC	025			7 90271 023 ***15		
Principal Place of Business Mailing Address								
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SAN MATEO, FL 32187 US POMONA PARK, FL 32181 US						,		
					1 12 8 112			
2. Principal P		ness - No P.O. Pox #	3. Mailing Address					
Suite, Apt.		, - , - , - , - , - , - , - , - , - , - , - , 	Suite, Apt. #, etc.	0305200	7 Chg-P	CR2E034 (12/06)		
City & Stat	e COVI	Cr4 R.	City & State	4. FEI NU	mber -5/1739		oplied For	
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32/12	ا	PUTOLOGIA		000	5. Certific	ate of Status Desired	# Sa.75 Add	
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	b. Name	and Address of Current	Registered Agent		7. Name	and Address of New	Registered Agent	
		وأجهز وأرا		Name				
SZCZYGIEL, STACY: 101 BEAR BLVD Street Address P.O. Bo Number is Not Acceptable								
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8. The above	named entity	y submits this statement for	r the purpose of changing it	s registered office or	registered agent, or	both, in the State of	Florida. Lam familiar with	and accept
the obligat	tions of regist	eyed agent.		g			rionaar ramiaman viigi,	uno docopi
SIGNATURE								
	Signature, typed	or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agent signatu	re required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be								
		7 Fee will be \$550.0	Trust Fund Con	itribution.	Added to Fees			
10.		OFFICERS AND	DIRECTORS	11.	ADDITIO	NS/CHANGES TO O	FFICERS AND DIRECTOR	S IN 11
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12. 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 general or supplemental good is true and exercise and the property of the property								
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								
of the culprofunction of 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								
SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Proce #								