


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State


04-26-2007 90209 044 ***150.00

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| DOCUMENT # P06000112230 | |  |
| 1. Entity Name SESON INVESTMENTS #1, INC. | | |

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| Principal Place of Business 5803 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32839 | Mailing Address 5803 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32839 |
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| 2. Principal Place of Business - No P.O. Box # 8911 S. ORANGE BLOSSOM TRAIL | 3. Mailing Address 8911 S. ORANGE BLOSSOM TRAIL |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State ORLANDO FL | City & State ORLANDO FL |
| Zip 32809 | Zip 32809 |
| Country | Country |

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| 04242007 Chg-P | CR2E034 (12/06) |
| 4. FEI Number 20-5462892 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

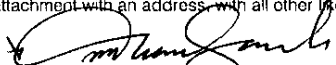
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| 6. Name and Address of Current Registered Agent BAKSH-CHIPPA, MOHAMMED 11736 REEDY CREEK DRIVE 107 ORLANDO, FL 32836 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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| 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> | |

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BAKSH-CHIPPA, MOHAMMED 11736 REEDY CREEK DRIVE #107 ORLANDO, FL 32836 <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 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered. | |
| SIGNATURE:  | 4-24-07 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |