




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90225 004 ***150.00

DOCUMENT # P94000078928 1. Entity Name SEA US FIRST, INC.					
Principal Place of Business 84771 OVERSEAS HWY PO BOX 716 ISLAMORADA, FL 33036				Mailing Address 84771 OVERSEAS HWY PO BOX 716 ISLAMORADA, FL 33036	
2. Principal Place of Business 94002 OVERSEAS HWY		3. Mailing Address P.O. Box 716			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAVERNIER, FLA.		City & State ISLAMORADA, FL			
Zip 33070	Country MONROE	Zip 33036	Country MONROE	4. FEI Number 65-0620191	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05012006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent SIEVERS, JACK C 77520 OVERSEAS HWY PO BOX 716 ISLAMORADA, FL 33036				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	P SIEVERS, JACK C PRES P.O. BOX 716 ISLAMORADA, FL 33036	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WATKINS, CLINTON E SEC P.O. BOX 508 TAVERNIER, FL 33070	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GILL, WAYNE TREAS 109 VENICIAN DRIVE ISLAMORADA, FL 33036	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: 			4/30/06 305-193-3561		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		