


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90028 016 ***158.75

DOCUMENT # P94000087177	
1. Entity Name SEA BROOK INVESTMENTS, INC.	

Principal Place of Business P.O. BOX 540029 ORLANDO FL 32854	Mailing Address P.O. BOX 540029 ORLANDO FL 32854 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number 59-3281494		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EBLOIS, RALPH L 934 N MAGNOLIA AVE SUITE 310 ORLANDO FL 32803		7. Name and Address of New Registered Agent Name RON BENEDETTI Street Address (P.O. Box Number is Not Acceptable) 934 N. MAGNOLIA AVENUE, #310 City ORLANDO FL 32803	
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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 *Ron Benedetti* **RON BENEDETTI, PRES/SEC'Y** **3/8/06**
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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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 PVTD <input checked="" type="checkbox"/> Delete	NAME DEBLOIS, RALPH L	TITLE PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME RON BENEDETTI
STREET ADDRESS 934 N MAGNOLIA AVE SUITE 310	CITY-ST-ZIP ORLANDO FL 32803	STREET ADDRESS 934 N. MAGNOLIA AVENUE, #310	CITY-ST-ZIP ORLANDO, FL 32803
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete	TITLE VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME MARGARET MORGERA
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete	STREET ADDRESS 934 N. MAGNOLIA AVENUE, #310	CITY-ST-ZIP ORLANDO, FL 32803
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ron Benedetti* **RON BENEDETTI, PS** **3/8/06** **407-839-2016**