


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90027 037 ***150.00

DOCUMENT # P95000080120	
1. Entity Name SEASPORTS DISTRIBUTING, INC.	

Principal Place of Business 590 PHILLIPS DR BOCA RATON FL 33432 US	Mailing Address 590 PHILLIPS DR BOCA RATON FL 33432 US
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2. Principal Place of Business - No P.O. Box # 2201 W. ATLANTIC AVE. Suite, Apt. #, etc.	3. Mailing Address 2201 W. ATLANTIC AVE. Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State DELRAY BEACH FL	City & State DELRAY BEACH, FL
Zip 33445	Country USA

4. FEI Number 65-0614657	Applied For <input type="checkbox"/> Not Applicable
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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 DEAN, HENRY CPA 251 N.E. DIXIE BLVD DELRAY BEACH FL 33444 (33445)
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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

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 *[Signature]* DATE 2-10-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY ST ZIP	P HILTON, KENNETH A 590 PHILLIPS DR BOCA RATON FL 33432 <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 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: *[Signature]* **KENNETH A. HILTON** DATE 2-10-07 **561 819 5788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #