

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90548 031 \*\*\*150.00

<b>DOCUMENT # P96000024130</b>					
<b>1. Entity Name</b> SEAVIEW MARKETING, INC.					
<b>Principal Place of Business</b> 779 E. MERRITT ISLAND CSWY., #433 MERRITT ISLAND, FL 32952			<b>Mailing Address</b> POST OFFICE BOX 541582 MERRITT ISLAND, FL 32953		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> POST OFFICE BOX 541582			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MERRITT ISLAND, FL		<b>4. FEI Number</b> 59-3374316	
Zip		Country		Applied For Not Applicable	
Zip 32954-1582		Country US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WALLS, JAMES M 779 E. MERRITT ISLAND CSWY., #433 MERRITT ISLAND, FL 32952			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALLS, JAMES M P.O. BOX 541582 MERRITT ISLAND, FL 32954		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>James M. Walls Pres.</u> <b>JAMES M. WALLS PRES.</b> 4/28/05					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					