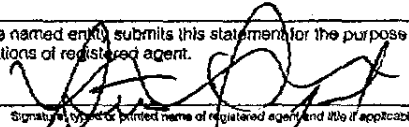
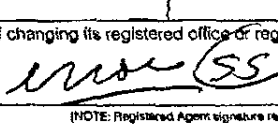
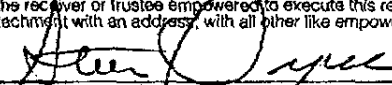


FILED
Mar 31, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000029089		
1. Entity Name SEIURUS, INC.		
Principal Place of Business 1160 KANE CONCOURSE, SUITE 402 BAY HARBOR, FL 33154		Mailing Address 1160 KANE CONCOURSE, SUITE 402 BAY HARBOR, FL 33154
DO NOT WRITE IN THIS SPACE		
		03062006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0648171
		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SIEGEL, STEVEN 1160 KANE CONCOURSE, SUITE 402 BAY HARBOR, FL 33154		DO NOT WRITE IN THIS SPACE
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 3/29/06
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, STEVEN 1160 KANE CONCOURSE, SUITE 402 BAY HARBOR, FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, WENDY 1160 KANE CONCOURSE, SUITE 402 BAY HARBOR, FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		DATE 3/29/06 305/865/8861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #