2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000075755

Entity Name: SEA GULL REALTY ON THE BEACH, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2300 GULF BOULEVARD #6 INDIAN ROCKS BEACH, FL 33785 **Current Mailing Address: New Mailing Address:** 2300 GULF BOULEVARD #6 INDIAN ROCKS BEACH, FL 33785 FEI Number: 59-3399789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SODI, PAMELA D 2300 GULF BOULEVARD #6 INDIAN ROCKS BEACH, FL 33785 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SODI, PAMELA D BROKER Name: Name: 2300 GULF BOULEVARD #6 Address: Address: City-St-Zip: INDIAN ROCKS BEACH, FL 33785 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SODL PAMELA D Name: 2300 GULF BOULEVARD #6 Address: Address: INDIAN ROCKS BEACH, FL 33785 City-St-Zip: City-St-Zip: Title: Title: SEC () Delete () Change () Addition SODI, PAMELA D Name: Name: 2300 GULF BOULEVARD #6 Address: Address: INDIAN ROCKS BEACH, FL 33785 City-St-Zip: City-St-Zip: Title: TREA () Delete Title: () Change () Addition SODI, PAMELA D Name: Name: Address: 2300 GULF BOULEVARD #6 Address: City-St-Zip: INDIAN ROCKS BEACH, FL 33785 City-St-Zip: Title: Title: () Delete () Change () Addition SODI, PAMELA D Name: Name: 2300 GULF BOULEVARD #6 Address: Address: City-St-Zip: INDIAN ROCKS BEACH, FL 33785 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: SODI, PAMELA D D 12580 FRANK DR N Address: Address: City-St-Zip: City-St-Zip: SEMINOLE, FL 33776 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA D. SODI D 03/24/2009