## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000055235

Address:

City-St-Zip:

FILED Jan 04, 2007 Secretary of State

Entity Na	me: SEELYE	ACQUISITIONS, INC.			•	
Current Principal Place of Business:			New Principal Place of Business:			
333-C EN <sup>-</sup> OCOEE, F	TERPRISE STI L 34761	REET				
Current Mailing Address:			New Mailing Address:			
333-C EN <sup>-</sup> OCOEE, F	TERPRISE STI FL 34761	REET				
FEI Number: 59-3517144 FEI Number Applied For ( )			FEI Number Not App	FEI Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
102 E MAF	RN ESQ, ERIC PLE STREET GARDEN, FL 3					
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered of	fice or registered agent, or both,	
SIGNATU	RE:					
	Electror	ic Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( ) DICHIRIA, DON 333-C ENTERF OCOEE, FL 34	RISE STREET	Title: Name: Address: City-St-Zip:	PRES (X) DICHIRIA, DOMI 333-C ENTERPI OCOEE, FL 347	RISE STREET	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	VP () DICHIRIA, JILL I 333-C ENTERPI OCOEE, FL 347	RISE STREET	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	SEC () DICHIRIA, DOMI 333-C ENTERPI OCOEE, FL 347	RISE STREET	
Title: Name:	( )	Delete	Title: Name:	TRES ()	Change (X) Addition E	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: DOMINICK P DICHIRIA PRES 01/04/2007

333-C ENTERPRISE STREET

OCOEE, FL 34761