

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100429

Entity Name: SEAVENTURES USA, INC.

FILED
Apr 19, 2006
Secretary of State

Current Principal Place of Business:

635 WAKULLA ARRAN ROAD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P O BOX 1420
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 59-3256203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPPARD, MILDRED
60 DAN'S DRIVE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

SHEPPARD, MILDRED
225 REHWINKEL ROAD
CRAWFORDVILLE, FL 32327 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: MILDRED C SHEPPARD

04/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SHEPPARD, MILDRED
Address: 60 DAN'S DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V () Delete
Name: SHEPPARD, NORMAN D
Address: 60 DAN'S DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: SHEPPARD, JONATHAN
Address: 60 DAN'S DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: SHEPPARD, MILDRED
Address: 225 REHWINKEL ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V (X) Change () Addition
Name: SHEPPARD, NORMAN D
Address: 225 REHWINKEL ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MILDRED C. SHEPPARD

PRES

04/19/2006

Electronic Signature of Signing Officer or Director

Date