

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S36218

FILED
Apr 19, 2007
Secretary of State

Entity Name: SEA BOOTS ENTERPRISES INC.

Current Principal Place of Business:

24683 U.S. ONE
SUMMERLAND KEY, FL 33042 US

New Principal Place of Business:

24386 OVERSEAS HIGHWAY
SUMMERLAND KEY, FL 33042 US

Current Mailing Address:

P.O. BOX 430652
BIG PINE KEY, FL 33043 US

New Mailing Address:

P.O. BOX 430652
BIG PINE KEY, FL 33043 US

FEI Number: 65-0249547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARPE, BARBARA JO
24683 U.S. ONE
SUMMERLAND KEY, FL 33042 US

Name and Address of New Registered Agent:

SHARPE, BARBARA JO
24386 OVERSEAS HIGHWAY
SUMMERLAND KEY, FL 33042 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:

04/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHARPE, JAMES E., JR,
Address: 22684 JOLLY ROGER DRIVE
City-St-Zip: CUDJOE KEY, FL

Title: D () Delete
Name: SHARPE, BARBARA JO,
Address: 22684 JOLLY ROGER DRIVE
City-St-Zip: CUDJOE KEY, FL

Title: D () Delete
Name: SHARPE, CHRISTINA
Address: P. O. BOX 43161
City-St-Zip: BIG PINE KEY, FL 33043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHARPE, JAMES E., JR,
Address: P.O. BOX 421203
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: D (X) Change () Addition
Name: SHARPE, BARBARA JO,
Address: P.O. BOX 421203
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: D (X) Change () Addition
Name: WEINHOFER, CHRISTINA J
Address: P. O. BOX 430161
City-St-Zip: BIG PINE KEY, FL 33043

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: BARBARA JO SHARPE

D

04/19/2007

Electronic Signature of Signing Officer or Director

Date