## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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1. Entity Name

SES ASSOCIATES, INC.



Principal Place of Business

Mailing Address

22703 CAMINO DEL MAR

22703 CAMINO DEL MAR

#35

DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33433 US BOCA RATON, FL 33433 US



01162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0333589 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERST, SHARON 22703 CAMIN O DEL MAR STE 35 BOCA RATON, FL 33433

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the puions of registered agent.	rpose of changing its registere	d office or re	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable, (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS		······································	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERST, SHARON 22703 CAINA DEL MAR #35 BOCA RATON, FL 33433				U00000591813 01/19/07-80038-015 150.00
IITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
IIILE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>7</sup>	THIS SPACE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/16/07 561-

561-347-1168