

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response... 0.5

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Type Responses)   |  |  |  |                       |   |  |
|---|--|--|--|-----------------------|---|--|
| 1. Name and Address of Reporting Person <sup>*</sup> –<br>RAPPAPORT RICHARD | 2. Date of Event Requiring<br>Statement (Month/Day/Year)<br>10/03/2005 |  | r Name <b>and</b> Ticker or Trading Symbol<br>7 INC [NONE] |                       |   |  |
| (Last) (First) (Middle)<br>210 SOUTH FEDERAL<br>HIGHWAY, SUITE 205          | 10/03/2003   | Issuer   | f Reporting Person<br>x all applicable)<br>X 10% Own       |                       | 5. If Amendment, Date Original<br>Filed(Month/Day/Year)   |  |
| <sup>(Street)</sup><br>DEERFIELD BEACH, FL 33441                            |  | X_Officer (give ti<br>below)                           |  |                       | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>X_Form filed by One Reporting Person<br>Form filed by More than One Reporting Person |  |
| (City) (State) (Zip)  | Table I  | Table I - Non-Derivative Securities Beneficially Owned |  |                       |   |  |
| 1.Title of Security<br>(Instr. 4)   | 2. Amount of Se<br>Beneficially Ow<br>(Instr. 4)                       |  | *  | 4. Natur<br>(Instr. 5 | re of Indirect Beneficial Ownership<br>)  |  |
| Common Stock, par value \$.0001 per sha                                     |  | D  |  |                       |   |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security | 2. Date Exer                            | cisable    | 3. Tit   | le and Amount of           | 4. Conversion | 5. Ownership     | 6. Nature of Indirect Beneficial |  |
|---------------------------------|---|------------|--|----------------------------|---------------|------------------|----------------------------------|--|
| (Instr. 4)                      | and Expiration Date<br>(Month/Day/Year) |            | and Expiration Date Securities Underlying Derivative o |                            | or Exercise   | Form of          | Ownership<br>(Instr. 5)          |  |
|                                 |   |            | Security   |                            | Price of      | Derivative       |                                  |  |
|                                 |   |            | (Instr. 4)   |                            | Derivative    | Security: Direct |                                  |  |
|                                 | Date                                    | Expiration |  |                            | Security      | (D) or Indirect  |                                  |  |
|                                 | Exercisable                             | Date       | Title  | Amount or Number of Shares |               | (I)              |                                  |  |
|                                 |   |            |  | Shares                     |               | (Instr. 5)       |                                  |  |

## **Reporting Owners**

|  | Relationships |              |           |       |  |
|--|---------------|--------------|-----------|-------|--|
| Reporting Owner Name / Address   | Director      | 10%<br>Owner | Officer   | Other |  |
| RAPPAPORT RICHARD<br>210 SOUTH FEDERAL HIGHWAY<br>SUITE 205<br>DEERFIELD BEACH, FL 33441 | Х             | Х            | President |       |  |

## Signatures

| /s/ Richard Rappaport            | 10/17/2005 |  |
|----------------------------------|------------|--|
| ***Signature of Reporting Person | Date       |  |

# **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.