


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90241 001 \*1,350.00

**66010896**



|  |                                     |  |  |
|--|-------------------------------------|--|--|
| DOCUMENT # 358209  |                                     |   |  |
| 1. Entity Name<br>6855 N OCEAN BOULEVARD INC   |                                     |  |  |
| Principal Place of Business<br>6855 N OCEAN BLVD<br>BOYNTON BEACH, FL 33435  |                                     | Mailing Address<br>6855 N OCEAN BLVD<br>BOYNTON BEACH, FL 33435  |  |
| 2. Principal Place of Business   |                                     | 3. Mailing Address   |  |
| Suite, Apt. #., etc.   |                                     | Suite, Apt. #., etc.   |  |
| City & State<br><i>Ocean Ridge, FL</i>   |                                     | City & State   |  |
| Zip  |                                     | Zip  |  |
| Country  |                                     | Country  |  |
| 4. FEI Number<br>59-1316952  |                                     | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                     | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>HARRISON, CAROL GM<br>OCEAN RIDGE MANAGEMENT INC.<br><del>6849 N. OCEAN BLVD</del><br>OCEAN RIDGE, FL 33435   |                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><i>6855 N. Ocean Blvd</i><br>City<br><b>FL</b> Zip Code |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |                                     |  |  |
| SIGNATURE: <i>Harrison</i>   |                                     | DATE: <i>4-11-06</i>   |  |
| <p><b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2006 Fee will be \$550.00</b></p>   |                                     | <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>  |  |
| 10. OFFICERS AND DIRECTORS   |                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE  | D <input type="checkbox"/> Delete   | TITLE  | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | MEADE, CURTIS                       | NAME   | <i>Ferber, Shields P.</i>  |
| STREET ADDRESS   | 6855 N OCEAN BLVD                   | STREET ADDRESS   | <i>6855 N. Ocean Blvd</i>  |
| CITY-ST-ZIP  | OCEAN RIDGE, FL 33435               | CITY-ST-ZIP  | <i>OCEAN Ridge, FL 33435</i>   |
| TITLE  | S <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME   | HARRISON, CAROL                     | NAME   |  |
| STREET ADDRESS   | 6855 N OCEAN BLVD                   | STREET ADDRESS   |  |
| CITY-ST-ZIP  | OCEAN RIDGE, FL 33435               | CITY-ST-ZIP  |  |
| TITLE  | VPD <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME   | GALT, SANDY MR                      | NAME   |  |
| STREET ADDRESS   | 6855 N OCEAN BLVD                   | STREET ADDRESS   |  |
| CITY-ST-ZIP  | OCEAN RIDGE, FL 33435               | CITY-ST-ZIP  |  |
| TITLE  | D <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME   | AALFS, JOHN                         | NAME   |  |
| STREET ADDRESS   | 6855 N OCEAN BLVD                   | STREET ADDRESS   |  |
| CITY-ST-ZIP  | OCEAN RIDGE, FL 33435               | CITY-ST-ZIP  |  |
| TITLE  | PDT <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME   | RANDS, WILLIAM                      | NAME   |  |
| STREET ADDRESS   | 6855 N OCEAN BLVD                   | STREET ADDRESS   |  |
| CITY-ST-ZIP  | OCEAN RIDGE, FL 33435               | CITY-ST-ZIP  |  |
| TITLE  | D <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME   | MUELLER, BEVERLY                    | NAME   |  |
| STREET ADDRESS   | 6855 N OCEAN BLVD                   | STREET ADDRESS   |  |
| CITY-ST-ZIP  | BOYNTON BEACH, FL 33435             | 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: <i>Harrison</i>   |                                     | DATE: <i>4-11-06</i>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                     | Daytime Phone #: <i>561-737-6770</i>   |  |