


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 541380**  
 1. Entity Name  
**OCEANLEA, INC.**



Principal Place of Business 17564 ASHBURNE LANE APT C BOCA RATON, FL 33496	Mailing Address 17564-C ASHBURNE LN BOCA RATON, FL 33496 US
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**DO NOT WRITE IN THIS SPACE**



04162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1780432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ALWEISS, JACK  
 17564-C ASHBURNE LN  
 BOCA RATON, FL 33496

**DO NOT WRITE IN THIS SPACE**

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALWEISS, JACK 17564-C ASHBURNE LN BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALWEISS, BEVERLY 17564-C ASHBURNE LN BOCA RATON, FL 33496
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00000529376  
 05/05/06-80063-025 150.00

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 officers empowered.

**SIGNATURE:**  **Date:** 4/20/06 **Daytime Phone #** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR