

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 842214

1. Entity Name
OCERIN, INC.



Principal Place of Business

115 FRANKLIN ST.
BANGOR, ME 04402-0702 US

Mailing Address

1000 MARKET ST
BLDG 1
PORTSMOUTH, NH 03801 US



DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number

01-0351787

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME WALSH, MARK
STREET ADDRESS 1001 E. ATLANTIC AVE STE 202
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE DS
NAME NEEDHAM, THOMAS E.
STREET ADDRESS 1001 E. ATLANTIC AVE STE 202
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE SD
NAME WALSH, MICHAEL
STREET ADDRESS 1001 E. ATLANTIC AVE STE 202
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE VP
NAME WALSH, WILLIAM
STREET ADDRESS 1000 MARKET ST BLDG 1
CITY-ST-ZIP PORTSMOUTH, NH 03801

TITLE D
NAME LANIGAN, SUZANNE
STREET ADDRESS 1000 MARKET ST BLDG 1
CITY-ST-ZIP PORTSMOUTH, NH 03801

TITLE D
NAME WALSH, PATRICK
STREET ADDRESS 1000 MARKET ST BLDG 1
CITY-ST-ZIP PORTSMOUTH, NH 03801

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IN THIS SPACE

000000332235
04/26/05-80050-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 DIRECTOR

Date

Daytime Phone #

Patrick Walsh

Patrick Walsh

1/19/05

(603) 559-2100