## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2007 08:00 AM Secretary of State

DOCL	JN	IFN"	Γ#⊢	1336	16

1. Entity Name

B3M 1A5,

SOUTH FLORIDA OCEAN PROPERTIES, INC.



Principal Place of Business

5955 BALMORAL ROAD HALIFAX, NOVA SCOTIA CANADA Mailing Address

5955 BALMORAL ROAD HALIFAX, NOVA SCOTIA CANADA B3M 1A5. XX



## DO NOT WRITE IN THIS SPACE

03092007

No Chg-P

CR2E034 (11/05)

FEI Number
 65-0130597

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELCER, STEVEN G., ESQ. 400 N. FEDERAL HIGHWAY SUITE 205E BOCA RATON, FL 33344

## DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the ptions of registered agent.	ourpose of changing its reg	gistered office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Re	ogistered Agent signatui	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign     Trust Fund Contribu	~ —	\$5.00 May Be Added to Fees	000000676708 03/30/07-80060-024 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOGT, ARTHUR D. 5955 BLAMORAL ROAD, HALIFAX. NOVA SCOTIA CANADA B3M 1A5,				
TITLE					

## DO NOT WRITE IN THIS SPACE

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: \_

STREET ADDRESS CHY-ST-ZIP THILE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-S1-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

March 8/2007

902.830.4465