

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J75143

FILED
Apr 29, 2005
Secretary of State

Entity Name: OCEANSIDE RESORTS INC.

Current Principal Place of Business:

2201 COLLINS AVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

2201 COLLINS AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-2917016 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CALLEN, CLAIRE
2201 COLLINS AVENUE
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CALLEN, ROBINSON
Address: 2201 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: DST () Delete
Name: CALLEN, JAN,
Address: 2201 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: MARTINO, THOMAS
Address: 2708 W. KENNEDY BLVD
City-St-Zip: TAMPA, FL 33609

Title: DP () Delete
Name: CALLEN, CLAIRE
Address: 2201 COLLINS AVENUE
City-St-Zip: MIAMI BCH, FL 33139

Title: D () Delete
Name: CALLEN, TARA
Address: 2201 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE CALLEN

DP

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date