

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J75143

FILED  
Feb 05, 2007  
Secretary of State

Entity Name: OCEANSIDE RESORTS INC.

**Current Principal Place of Business:**

605 LINCOLN RD. SUITE 320  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

605 LINCOLN RD. SUITE 320  
MIAMI BEACH, FL 33139

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

CALLEN, CLAIRE  
605 LINCOLN ROAD, #320  
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: 5225 COLLINS AVENUE, #621  
City-St-Zip: MIAMI BEACH, FL 33140

Title: DST ( ) Delete  
Name: CALLEN, JAN,  
Address: 5225 COLLINS AVENUE, #621  
City-St-Zip: MIAMI BEACH, FL 33140

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

Title: DP (X) Delete  
Name: CALLEN, CLAIRE  
Address: 605 LINCOLN ROAD, #320  
City-St-Zip: MIAMI BCH, FL 33139

Title: D (X) Delete  
Name: CALLEN, JUSTIN  
Address: 5225 COLLINS AVENUE, #621  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DPST (X) Change ( ) Addition  
Name: CALLEN, CLAIRE  
Address: 605 LINCOLN RD #320  
City-St-Zip: MIAMI BEACH, FL 33139

Title: DAS (X) Change ( ) Addition  
Name: CALLEN, DORIAN  
Address: 605 LINCOLN RD #320  
City-St-Zip: MIAMI BEACH, FL 33139

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 Chapter 119, 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

P

02/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date