2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jan 28, 2004 08:00 AM DOCUMENT # M18656 **Secretary of State** 1. Entity Name OCEAN ARTS, INCORPORATED Mailing Address Principal Place of Business 7014 SAN SEBASTIAN CIRCLE BOCA RATON FL 33433 7014 SAN SEBASTIAN CIRCLE **BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-2580792 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEARNS, WALTER ALLEN Street Address (P.O. Box Number is Not Acceptable) 7014 SAN SEBASTIAN CIRCLE **BOCA RATON FL 33433** Zip Code City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change □ Delete TITLE TITLE U00000018599 NAME STEARNS, WALTER ALLEN NAME 01/28/04-80139-019 150.00 7014 SAN SEBASTIAN CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STEARNS, KAREN NAME 7014 SAN SEBASTIAN CIRCLE STREET ADDRESS STPEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STEARNS, ROBERT STREET ADDRESS STREET ADDRESS 7014 SAN SEBASIAN CIRCLE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

GNING OFFICER OR DIRECTOR

FILED

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