

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000096213

FILED  
Jul 02, 2007  
Secretary of State

Entity Name: BLUE OCEAN BUILDERS, INC.

**Current Principal Place of Business:**

1143 S.E. PROCTOR LANE  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

1143 S.E. PROCTOR LANE  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

FEI Number: 01-0743073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VILLE, NICHOLAS M  
1143 S.E. PROCTOR LANE  
PORT ST. LUCIE, FL 34983 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VILLE, NICHOLAS M  
Address: 1143 S.E. PROCTOR LANE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VD ( ) Delete  
Name: VILLE, LOUIS  
Address: 3646 SW RIVERS END WAY  
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete  
Name: CUOMO, PETER  
Address: 601 HOWARD CREEK LANE  
City-St-Zip: STUART, FL 34994

**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:

I hereby certify that the information supplied with this filing does not qualify 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: NICHOLAS VILLE

PD

07/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date