

2007 FOR PROFIT CORPORATION ANNUAL REPORT

05-25-2007 90027 039 ***150.00

P06000071282


FILED

07 JUN 29 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P06000071282

1. Entry Name
SKY BLUE OCEAN INSURANCE, INC.



Principal Place of Business 550 N. E. 44TH STREET F3 POMPANO BEACH, FL 33064	Mailing Address 550 N. E. 44TH STREET F3 POMPANO BEACH, FL 33064
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2. Principal Place of Business - No P.O. Box # 1164 East Oakland Park Blvd Suite, Apt. #, etc. Suite 310 City & State Oakland Park	3. Mailing Address 550 N. E. 44TH F3 Suite, Apt. #, etc. Pompano Beach City & State Pompano Beach
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05112007 Chg-P CR2E034 (12/06)

Zip FL	Country USA	Zip 33334	Country USA
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4. FCI Number 20-4906431	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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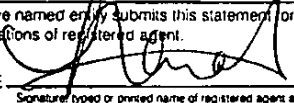
6. Name and Address of Current Registered Agent

TERRIER, NANIAH S
550 N. E. 44TH STREET
F3
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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:  (NOTE: Registered Agent signature required when re-instating)

DATE: 5/20/07

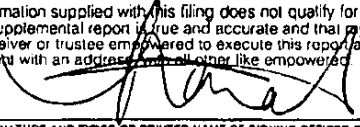
FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TERRIER, NANIAH S 550 N. E. 44TH STREET POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TERRIER, NANIAH S 550 N. E. 44TH STREET POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 and all other like empowered.

SIGNATURE:  (NOTE: Registered Agent signature required when re-instating)

DATE: 5/20/07 (958) 563-1980
Daytime Phone: (754) 246-1978