2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 11, 2005 8:00 am Secretary of State DOCUMENT # K68104 1. Entity Name 02-11-2005 90050 035 ***150.00 OCEAN GALLERY PROPERTIES, INC. Principal Place of Business Mailing Address 4600 A1A SOUTH ST AUGUSTINE FL 32080 4600 A1A SOUTH 20014132 SAINT AUGUSTINE FL 32080 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2982209 Not Applicable 7in Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REALI, KENNETH M Street Address (P.O. Box Number is Not Acceptable) **26 FOXHALL LANE** PALM COAST FL 32137 City 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, 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, 2005 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 10. 11. PWILLIAM LOUGHED A TITLE 🙇 Delete TITLE Change ☐ Addition NAME REDDISH, DREW NAME 3788 HIELDAY BEACH HOIVE STREET ADDRESS STREET ADDRESS 1397 RANDALL ST BRICHOON, MI 48116 CITY-ST-ZIP STARKE FL 32091 CITY-ST-ZIP ☐ Delete TITLE Change Addition BURAULIS, DARRYL NAME STREET ADDRESS STREET ADDRESS 7710 LOWER FISHERS ROAD CITY-ST-ZIP VICTOR-NY 14564 _CITY-S1-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME REALI, KENNETH M STREET ADDRESS STREET ADDRESS 26 FOXHALL LANE CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 TITLE **D**elete TITLE m pad **DURHAM, PEGGY** NAME NAME 105 VILLAGE LOS PALMAX LANK STREET ADDRESS 101 CARIBE VISTA WAY STREET ADDRESS ST. AUGUSTI NE, FL 32080 CITY-ST-7IP ST AUGUSTINE FL 32080 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE WILES, KATHY NAME NAME RR BOX 566 STREET ADDRESS STREET ADORESS HAMPTON BAYS NY 11946 CITY-ST-7P CITY-ST-7IP **X** Addition TITLE ☐ Delete TITLE George Keckelsen Laue LONGHEAD, WILLIAM NAME NAME 3288 HIDEAWAY BEAKH DRIVE STREET ADDRESS STREET ADDRESS ST. AUGUSTING, PL 32080 BRIGHTON MI 48116 CITY-ST-ZIP

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

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