2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 686790

Entity Name: O.C. LINLIMITED INC.

CLARKE, SEDRICK

8885 AVOCADO BLVD

WEST PALM BEACH, FL 33412

Name:

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Littly Nai	ile. O.C. ONL	IIIVII I ED, IINC.		
Current Principal Place of Business:			New Principal Place of Business:	
2329 AVE RIVIERA E	E BEACH, FL 33	3404		
Current Mailing Address:			New Mailing Address:	
PO BOX 10 RIVIERA B	0635 3CH, FL 33419)		
FEI Number:	59-2029679	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
	OSMOND CADO BLVD. ALM BEACH, F	L 33412 US		
	named entity : e of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,
SIGNATUR	RE:			
Electronic Signature of Registered Age			ent	Date
Election Car	npaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () CLARKE, OSM 8885 AVOCADO ROYAL PALM I	D BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CLARKE, LURI 8885 AVOCADO		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () CLARKE, IAN 8885 AVOCADO ROYAL PALM I		Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D ()	Delete	Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: OSMOND CLARKE P 04/30/2008