


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90020 012 ***150.00

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| DOCUMENT # 182242 |  |
| 1. Entity Name OCEAN LANE VILLAS, INC. | |

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| Principal Place of Business 1922 SOUTH OCEAN LANE FORT LAUDERDALE, FL 33316 | Mailing Address 1922 SOUTH OCEAN LANE FORT LAUDERDALE, FL 33316 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



03212008 Chg-P CR2E034 (12/06)

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| 4. FEI Number 59-0754485 | Applied For <input type="checkbox"/> 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 KELLY PATRICK G 1401 EAST BROWARD BLVD 206 FT. LAUDERDALE, FL 33301 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 reinstating) DATE _____

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| FILE NOW!!! FEE IS \$160.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD AWALT, PAUL 1922 S. OCEAN LANE FT. LAUDERDALE, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD AGERTON, GENE 1922 S. OCEAN LA. FT. LAUDERDALE, FL 33316 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FOSTER, RONALD 1922 S OCEAN LANE FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FOSTER, RONALD 1922 S. OCEAN LA. FT. LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HULL, JANET 1922 S OCEAN LANE FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COBBLE, DALE 1922 S. OCEAN LANE FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD COBBLE, DALE 1922 S. OCEAN LA. FT. LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PIANOWSKI, RICHARD A 1922 S. OCEAN LANE FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete | 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"/> Delete | 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, with all other like empowered.

SIGNATURE: Gene Agerton 3/21/08 954/523-0322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #