2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State

	AITITOAL	ILLI OILI								
DOCUMENT # 265671 1. Entity Name OCEAN HOUSE NORTH INC						04-20-2006 9	90241 00)1 *1,350.	00	
Principal Place of Business Mailing Address						_				
6861 NORTH OCEAN BLVD		6861 NORTH OCEAN BLVD			66010895					
OCEAN RIDGE, FL 33445		OCEAN RIDGE, FL 33445			30010000					
OULTH MIDOL	.,	GOETH MIDDE, 12 GOTTO					5 😘 B			
					! 					
2. Principal Place of Business		3. Mailing Address		,						
		6855. N. Ocean Blod		ગ્રી	1 10 5 110 110 11	DIIEI 41119 81111 19841 1141		611 418 11 614 11 6 161	B E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192006	Chg-P	CDSEC	34 (11/05)		
				ļ	01192006	Crig-F	CRZEC	134 (11705)		
City & State		City & State			4. FEI Numbe	ir		Ap	plied For	
		Ocean Kidge, FL		- 1	59-108	8074		No	t Applicable	
Žip	Country	Zip	Country	i	E Cortificato	of Status Desired		\$8.75 Add	itional	
		33435		- 1	J. Certificate	oi status Desireu	ы	Fee Required	1	
	6. Name and Address of Current F			7. Name and	Address of New R	egistered .	Agent			
			Name	Name						
HARRISON, CAROL GM			Street As	Street Address (D.O. Boy Myrabos is Not Assessed						
OCEAN RIDGE MANAGEMENT, INC.			Street At	Street Address (P.O. Box Number is Not Acceptable)						
-6849 NORTH OCEAN BLVD.				3. 1						
OCEAN RIDGE, FL 33435				6855 N. Ocean Blud.						
			City		2 1. C		FL	Zip Code	2	
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									and accept	
the obligations of registered agent.										
$\mathcal{L}_{\mathcal{L}_{i}}$										
SIGNATURE TOUS TOURS								2		
Signature Noved if printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
9. Election Campaign Financing \$5.00 May Re										
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	Adde	00 May Be							
AILOI III.		,								
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	s	Delete .	TITLE	\$		a 1		Change	☐ Addition	
NAME	ANDREAS JOAN	4 -	NAME	HARR	1500,6	arol		•		
STREET ADDRESS	6849 N OCEAN BLVD.		STREET ADDRESS	685	S N. Oce	ma Blud.				
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	_	CITY-ST-ZIP	Occa	~ Rids	e FL 3	3435			
TITLE	VPTD	X Delete	TITLE	VPTC		,		Change	Addition	
NAME	BATES, BO		NAME	Gal	+ , SAND			•		
STREET ADDRESS	6849 N. OCEAN BLVD.		STREET ADDRESS	686	N. 00	فعد الحامط				
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP	Deca	~ R.d.	· FL	3343	15		
TITLÉ	D	☐ Delete	TITLE		3			Change	☐ Addition	
NAME	KINDEL, E. A DR.		NAME			.	ı	7.4		
STREET ADDRESS	-6849 N. OGEAN BLVD.		STREET ADDRESS	686	1 N. 00	ean Bluc	.			
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP							
TITLE	PD	☐ Delete	TITLE			•		Change	Addition	
NAME	SLINEY, DAVID		NAME	ا		_	ì	.,	_	
STREET ADDRESS	6849-N. OCEAN BLVD.		STREET ADDRESS	686	1 N. O.	cean Bluc	.			
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP							
TITLE	D	☐ Delete	TITLE	1	•			Change	☐ Addition	
NAME	WILBUR, JOHN			l		٠٠.	1	7		
STREET ADDRESS	6849 N-OGEAN BLVD		STREET ADDRESS	6861	W. 00	een Blue	.			
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP							
TITLE	D	☐ Delete	TITLE	<u> </u>				Change	☐ Addition	
NAME	FLANNERY, JOSEPH	- Delete		}		~ 1		A Silvings		
STREET ADDRESS	6849 N. OCEAN BLVD.		STREET ADDRESS	686	1 N. OC	eur Blud				
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP	1						
	·			1						

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: Signaffure and 17gets on Printed Name of Signing Officer or Director

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561-737-6770

B Daytim