
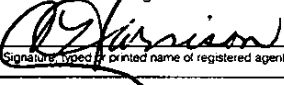
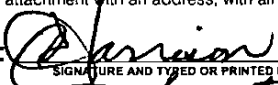


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-20-2006 90241 001 *1,350.00

DOCUMENT # 265671			
1. Entity Name OCEAN HOUSE NORTH INC			
Principal Place of Business 6861 NORTH OCEAN BLVD OCEAN RIDGE, FL 33445		Mailing Address 6861 NORTH OCEAN BLVD OCEAN RIDGE, FL 33445	
2. Principal Place of Business		3. Mailing Address <u>6855 N. Ocean Blvd</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <u>Ocean Ridge, FL</u>	
Zip	Country	Zip	Country
		<u>33435</u>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARRISON, CAROL GM OCEAN RIDGE MANAGEMENT, INC. 6849 NORTH OCEAN BLVD OCEAN RIDGE, FL 33435		Name Street Address (P.O. Box Number is Not Acceptable) <u>6855 N. Ocean Blvd.</u> City <u>Ocean Ridge</u> FL Zip Code <u>33435</u>	
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: 		DATE: <u>4-11-06</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDREAS, JOAN 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD BATES, BO 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINDEL, E. A DR. 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLINEY, DAVID 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILBUR, JOHN 6849 N. OCEAN BLVD. BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANNERY, JOSEPH 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRISON, Carol <u>6855 N. Ocean Blvd.</u> <u>Ocean Ridge, FL 33435</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GALT, SANDY <u>6861 N. Ocean Blvd</u> <u>Ocean Ridge, FL 33435</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>6861 N. Ocean Blvd.</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>6861 N. Ocean Blvd.</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>6861 N. Ocean Blvd.</u>	<input checked="" 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: 		DATE: <u>4-11-06</u> DAYTIME PHONE: <u>561-737-6770</u>	