

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 # 284954 1. Entity Name THE OCEAN MEWS, INC.					
Principal Place of Business 6845 N. OCEAN BLVD. OCEAN RIDGE, FL 33435			Mailing Address 6845 N. OCEAN BLVD. OCEAN RIDGE, FL 33435		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 6855 N. Ocean Blvd. Suite, Apt. #, etc.		
City & State Ocean Ridge, FL			4. FEI Number 59-1114821		
Zip 33435			Country		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent HARRISON, CAROL GM OCEAN RIDGE MANAGEMENT INC. 6845 N. OCEAN BLVD. OCEAN RIDGE, FL 33435			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6855 N. Ocean Blvd City FL 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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: 4-11-06					
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 PD	NAME MCKINNEY, JOHN		TITLE VPO	NAME 6845 N. Ocean Blvd	
STREET ADDRESS 6849 N OCEAN BLVD	CITY-ST-ZIP OCEAN RIDGE, FL 33435		STREET ADDRESS 6845 N. Ocean Blvd	CITY-ST-ZIP OCEAN RIDGE, FL 33435	
TITLE DT	NAME RUSSELL, B P		TITLE VPO	NAME 6845 N. Ocean Blvd	
STREET ADDRESS 6845 N OCEAN BLVD	CITY-ST-ZIP OCEAN RIDGE, FL		STREET ADDRESS 6845 N. Ocean Blvd	CITY-ST-ZIP OCEAN RIDGE, FL 33435	
TITLE D	NAME POWERS, ROGERS MRS		TITLE VPO	NAME Fi. 2. Gerald, Brian	
STREET ADDRESS 6845 N. OCEAN BLVD	CITY-ST-ZIP OCEAN RIDGE, FL 33435		STREET ADDRESS 6845 N. Ocean Blvd.	CITY-ST-ZIP Ocean Ridge, FL 33435	
TITLE S	NAME HARRISON, CAROL		TITLE VPO	NAME 6855 N. Ocean Blvd	
STREET ADDRESS 6845 N. OCEAN BLVD	CITY-ST-ZIP OCEAN RIDGE, FL 33435		STREET ADDRESS 6845 N. Ocean Blvd.	CITY-ST-ZIP OCEAN RIDGE, FL 33435	
TITLE D	NAME OFFRAY, CLAUDE MRS.		TITLE VPO	NAME 6845 N. Ocean Blvd.	
STREET ADDRESS 6845 N. OCEAN BLVD	CITY-ST-ZIP OCEAN RIDGE, FL 33435		STREET ADDRESS 6845 N. Ocean Blvd.	CITY-ST-ZIP OCEAN RIDGE, FL 33435	
TITLE VPO	NAME POWERS, ROGER MR.		TITLE PD	NAME 6845 N. Ocean Blvd.	
STREET ADDRESS 6845 N. OCEAN BLVD.	CITY-ST-ZIP OCEAN RIDGE, FL 33435		STREET ADDRESS 6845 N. Ocean Blvd.	CITY-ST-ZIP OCEAN RIDGE, FL 33435	
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4-11-06 Daytime Phone #: 561-737-6770		

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