## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 284954**

Entity Name: THE OCEAN MEWS, INC

FILED Apr 01, 2007 Secretary of State

Entity Nai	me: THE OCE	EAN MEVVS, INC.		
Current Principal Place of Business:			New Principal Place	of Business:
	CEAN BLVD. IDGE, FL 334:	35		
Current Mailing Address:			New Mailing Address:	
	CEAN BLVD. IDGE, FL 334	35		
FEI Number	: 59-1114821	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
1201 GEO	NO, JR., JAME PRGE BUSH BO BEACH, FL 33	OULEVARD		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
SIGNATUI	RE:			
	Electror	nic Signature of Registered Ag	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	VD ( MCKINNEY, JC 6845 N. OCEAI OCEAN RIDGE	N BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DT ( RUSSELL, B P 6845 N. OCEAI OCEAN RIDGE	N BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VD ( FITZGERALD, 6845 N. OCEAI OCEAN RIDGE	N BLVD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VD ( OFFRAY, CLAU 6845 N. OCEAI OCEAN RIDGE	N BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	PD (	) Delete	Title:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN MCKINNEY VD 04/01/2007

POWERS, ROGER MR.

OCEAN RIDGE, FL 33435

6845 N. OCEAN BLVD.

Name:

Address:

City-St-Zip: