

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91247 026 \*\*\*150.00

<b>DOCUMENT # 289203</b>					
1. Entity Name <b>OCEAN HILLSBORO INC</b>					
Principal Place of Business <b>1069 HILLSBORO MILE HILLSBORO BEACH, FL 33062-2137 US</b>			Mailing Address <b>1069 HILLSBORO MILE HILLSBORO BEACH, FL 33062-2137 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>AGRE, CHARLES</b> <b>1069 HILLSBORO MILE</b> <b>#604</b> <b>HILLSBORO BCH, FL 33062</b>			Name <b>ALFANO, DEBORAH</b> Street Address (P.O. Box Number is Not Acceptable) <b>1069 HILLSBORO MILE</b> <b>#206</b> <b>HILLSBORO BCH, FL 33062</b>		
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>Deborah Alfano</i>				DATE: <b>4/28/04</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOODRICH, RON		NAME		
STREET ADDRESS	1069 HILLSBORO MILE #704		STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRANDT, DICK		NAME		
STREET ADDRESS	1069 HILLSBORO MILE #203		STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOWES, TERRY		NAME		
STREET ADDRESS	1069 HILLSBORO MILE #103		STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STERETEE, BARBARA		NAME	<b>S EADENNEY</b>	
STREET ADDRESS	1069 HILLSBORO MILE # 806		STREET ADDRESS	<b>1069 HILLSBORO MILE #302</b>	
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062		CITY-ST-ZIP	<b>HILLSBORO BCH, FL 33062</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALFANO, DEBORAH		NAME		
STREET ADDRESS	1069 HILLSBORO MILE # 206		STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Deborah Alfano</i>				DATE: <b>4/28/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #: <b>9430352</b>	

94083325



04232004 Chg-P CR2E034 (10/03)

4. FEI Number **59-1146710** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Zip Code **33062**