

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 297685

FILED
Oct 05, 2006
Secretary of State

Entity Name: THE OCEAN MAISONNETTES, INC.

Current Principal Place of Business:

6855 N. OCEAN BLVD.
OCEAN RIDGE, FL 33435

New Principal Place of Business:

Current Mailing Address:

6880 NORTH OCEAN BOULEVARD
OCEAN RIDGE, FL 33435

New Mailing Address:

FEI Number: 59-1285917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLERANO, JR., JAMES A
1201 GEORGE BUSH BOULEVARD
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: MCELROY, GEORGE
Address: 6890 N. OCEAN BLVD.
City-St-Zip: OCEAN RIDGE, FL 33435

Title: DVP () Delete
Name: FERRIS, DAKIN MR.
Address: 6880 N. OCEAN BLVD.
City-St-Zip: OCEAN RIDGE, FL 33435

Title: VPD () Delete
Name: HUDSON, GILBERT
Address: 6880 N. OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MCELROY, GEORGE
Address: 6890 N. OCEAN BLVD.
City-St-Zip: OCEAN RIDGE, FL 33435

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: HUDSON, GILBERT
Address: 6880 N. OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

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.

SIGNATURE: GILBERT HUDSON

PD

10/05/2006

Electronic Signature of Signing Officer or Director

Date