2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 297685

FILED Apr 28, 2009 Secretary of State

Entity Na	me: THE OCE	AN MAISONETTES, INC.					
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
	CEAN BLVD.						
OCEAN R	IDGE, FL 3343	35					
Current Mailing Address:			New Maili	New Mailing Address:			
	TH OCEAN BO IDGE, FL 3343						
FEI Number: 59-1285917 FEI Number Applied For ()			FEI Number Not App	FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	l Address of C	urrent Registered Agent:	Name and	Address of I	New Registered Agent:		
1201 GEO	NO, JR., JAME PRGE BUSH BO BEACH, FL 334	DULEVARD					
	e named entity s e of Florida.	submits this statement for the p	urpose of changing i	ts registered o	office or registered agent, o	or both,	
SIGNATUI	RE:						
	Electron	ic Signature of Registered Age	nt		Date		
Election Car	mpaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	TD () MCELROY, GE 6890 N. OCEAN OCEAN RIDGE,	I BLVD.	Title: Name: Address: City-St-Zip:	TD (X GALT, SANDY 6890 N. OCEA OCEAN RIDGE	N BLVD.		
Title: Name: Address: City-St-Zip:	DVP () FERRIS, DAKIN 6880 N. OCEAN OCEAN RIDGE,	I BLVD.	Title: Name: Address: City-St-Zip:	D (X HUDSON, GILE 6880 N. OCEA OCEAN RIDGE	N BLVD.		
Title: Name: Address: City-St-Zip:	PD () HUDSON, GILB 6880 N. OCEAN OCEAN RIDGE,	I BLVD	Title: Name: Address: City-St-Zip:	S (X KELLY, CATHY 6880 N. OCEA OCEAN RIDGE	N BLVD		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VPD (MCELROY, GE 6880 N. OCEA OCEAN RIDGE	N BLVD		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	PD (WERT, JOHN 6880 N. OCEA OCEAN RIDGE	N BLVD		

I hereby certify that the information supplied with this filing does not qualify 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: CATHY KELLY 04/28/2009 SEC