2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #358209

FILED Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90241 001 *1,350.00

1. Entity Nam 6855 N O	OCEAN BOULEVARD INC						
6855 N OCEAN BLVD		Mailing Address 6855 N OCEAN BLVD BOYNTON BEACH, FL 33435		66010896			
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04102006 Chg-P	CR2E034 (11/05)	
Ocean Ridge, FL		City & State			4. FEI Number 59-1316952		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	□ \$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New	Registered Agent	
HARRISON, CAROL GM OCEAN RIDGE MANAGEMENT INC. 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435				Street Address (P.O. Box Number is Not Acceptable)			
			City		• •	FL Zip Coo	ie
8. The above the obligat	named entity submits this statement for ions of registered agent.	+ 	egistered office		4.	lorida. I am familiar with	, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5 . □ Add	00 May Be ed to Fees		
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	
NAME STREET ADDRESS CITY-ST-ZIP	D MEADE, CURTIS 6855 N OCEAN BLVD OCEAN RIDGE, FL 33435	C.) Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	685	r, Shields P. s N. Ocean Blud N Ridge, FC 33435	Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRISON, CAROL 6855 N OCEAN BLVD OCEAN RIDGE, FL 33435	☐ Delete	HITLE HAME STREET ADDRESS CHTY-ST-ZIP	3		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GALT, SANDY MR 6855 N OCEAN BLVD OCEAN RIDGE, FL 33435	☐ Defete	TITLE HAME STREET ADDRESS CITY-ST-ZIP	5		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AALFS, JOHN 6855 N OCEAN BLVD OCEAN RIDGE, FL 33435	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5		☐ Change	☐ Addilien
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT RANDS, WILLIAM 6855 N OCEAN BLVD OCEAN RIDGE, FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, BEVERLY 6855 N OCEAN BLVD BOYNTON BEACH, FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5		☐ Change	☐ Addition
12. I hereby (certify that the information supplied with	this filing does not qualify for	the exemptions	contained	I in Chapter 119, Florida Statutes.	I further certify that the i	nformation

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:

URE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR ceritary