2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90023 019 ***150.00

DOCUMENT # 418573

1. Entity Name
OUT-ISLAND OCEANICS, INC.

40110006

Principal Place of Business	Mailing Address
715 SW COCONUT DRIVE FT. LAUDERDALE, FL 33315	% WILLIAM A. WEBB & ASSOCIATES 404 E. ATLANTIC BLVD., STE 200 POMPANO BEACH, FL 33060

01312007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	950 N. FEDERAL HWY
Suite, Apt #, etc	Suite, Apt. #, etc. SUITE 211
City & St	City & State POMPANO BCH, FL
Zip / Country	Zip 33062 / Country BROWARD

4. FEI Number 59-1506321 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIDWELL, MARTIN C CPA
% WILLIAM A. WEBB & ASSOCIATES
404 E. ATLANTIC BLVD., STE 200
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name: MARTIN C KIDWELL, CPA
Street Address (P.O. Box Number is Not Acceptable): 950 N. FEDERAL HWY, SUITE 211
City: POMPANO BCH, FL FL Zip Code 33062

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: [signature] MARTIN C KIDWELL 1/31/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOYLE, DANIEL R		NAME	
STREET ADDRESS	715 COCONUT DR. SW		STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FORD, SUZANNE F		NAME	
STREET ADDRESS	715 COCONUT DR. SW		STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 exemptions contained 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 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: [signature] 26 April 07 9545226161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #