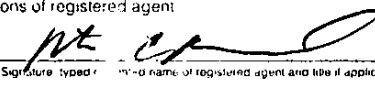
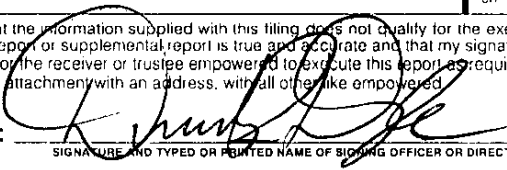


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business 715 SW COCONUT DRIVE FT. LAUDERDALE, FL 33315			Mailing Address % WILLIAM A. WEBB & ASSOCIATES 404 E. ATLANTIC BLVD., STE 200 POMPANO BEACH, FL 33060		
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		4. FEI Number 59-1506321	
Zip		Zip 33062		Country BROWARD	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name & 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		
Zip Code 33062			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 typed or printed name of registered agent and title if applicable		MARTIN C KIDWELL (NOTE: Registered Agent signature required when reinstating)		Date 1/31/2007	
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 NAME STREET ADDRESS CITY-ST-ZIP	P DOYLE, DANIEL R 715 COCONUT DR. SW FT. LAUDERDALE, FL 33315		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FORD, SUZANNE F 715 COCONUT DR. SW FT. LAUDERDALE, FL 33315		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/4/2007		
			Daytime Phone # 954522161		

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