


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 541380**  
 1. Entity Name  
**OCEANLEA, INC.**



FILED  
 07 OCT -1 PM 4: 09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
**17564 ASHBURNE LANE  
 APT C  
 BOCA RATON, FL 33496**

Mailing Address  
**17564-C ASHBURNE LN  
 BOCA RATON, FL 33496 US**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

08292007 Chg-P CR2E034 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-1780432**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ALWEISS, JACK  
 17564-C ASHBURNE LN  
 BOCA RATON, FL 33496**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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]* x 9/27/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$550.00  
 Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO ALWEISS, JACK 17564-C ASHBURNE LN BOCA RATON, FL 33496</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD ALWEISS, BEVERLY 17564-C ASHBURNE LN BOCA RATON, FL 33496</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**900110267149**  
 10/04/07--01032--017 ++150.00

*\$710/3*

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]* x 9/27/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOTICE WTS NOT RECEIVED

www.sunbiz.org - Department of State

I SENT THEM  
THIS ALONG WITH CHECK

Page 1 of 2

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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## 2007 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

**\*\* This information cannot be changed on the report. \*\***

Document Number 541380  
Business Entity Name OCEANLEA, INC.  
Original File Date 07/19/1977  
  
FEI Number 59-1780432  
17564 ASHBURNE LANE  
Principal Address APT C  
BOCA RATON, FL 33496  
Mailing Address 17564-C ASHBURNE LN  
BOCA RATON, FL 33496 US  
JACK ALWEISS  
Registered Agent 17564-C ASHBURNE LN  
BOCA RATON, FL 33496 US

### Officer/Director Name And Address

PD  
ALWEISS, JACK  
17564-C ASHBURNE LN  
BOCA RATON, FL 33496

STD  
ALWEISS, BEVERLY  
17564-C ASHBURNE LN  
BOCA RATON, FL 33496

After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please

If you need to make changes to the above information, please select: