


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 576088 1. Entity Name OCEAN MASTER MARINE, INC.			
Principal Place of Business 837 W 13TH STREET UNIT C RIVIERA BCH, FL 33404-6709 US		Mailing Address 8092 NASHUA DRIVE PALM BCH GDNS, FL 33418 US	
DO NOT WRITE IN THIS SPACE			
		 03092006 No Chg-P CR2E034 (11/05)	
		4. FE# Number 59-1826082	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAUPTNER, BONNIE 8092 NASHUA DR. PALM BEACH GARDENS, FL 33418		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD	DO NOT WRITE IN THIS SPACE	
NAME	HAUPTNER, MARK		
STREET ADDRESS	8092 NASHUA DR.		
CITY-ST-ZIP	PALM BCH GARDS, FL		
TITLE	ST		
NAME	HAUPTNER, BONNIE		
STREET ADDRESS	8092 NASHUA DR.		
CITY-ST-ZIP	PALM BCH GARDS, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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: 		7/11/06 561-840-0448 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			