2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# 686790

Entity Name: O.C. UNLIMITED, INC.

Current Principal Place of Business:

8885 AVOCADO BLVD.
WEST PALM BCH, FL 33412

New Principal Place of Business:

Current Mailing Address:

PO BOX 10635
RIVIERA BCH, FL 33419

New Mailing Address:

FEI Number: 59-2029679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARKE, OSMOND
8885 AVOCADO BLVD.
ROYAL PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLARKE, OSMOND
Address: 8885 AVOCADO BLVD.
City-St-Zip: ROYAL PALM BEACH, FL

Title: S ( ) Delete
Name: CLARKE, LURLENE,
Address: 8885 AVOCADO BLVD.
City-St-Zip: ROYAL PALM BEACH, FL 33412

Title: D ( ) Delete
Name: CLARKE, IAN
Address: 8885 AVOCADO BLVD
City-St-Zip: ROYAL PALM BEACH, FL

Title: D ( ) Delete
Name: CLARKE, SEDRICK
Address: 8885 AVOCADO BLVD
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSMOND CLARKE P 01/10/2005

Electronic Signature of Signing Officer or Director — Date