2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 27, 2008 8:00 am Secretary of State

Principal Place of Exposes	1. Entity Nam OCEAN S	MENT # 718885 BANDS, INC.	* *				05-27-200	08 90038 0	46 *****	01.25
Suite, Apt #, etc.	718 GOLDEN BEACH BLVD.		718 GOLDEN BEACH BLVD.					Blik Biski Brbit Bis) 0)0 F B 3 B 1	
City & State Ci	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Sp. 2406869 Mot Applicable Sp. 2406869 Mot Applicable Sp. 2406869 Mot Applicable Sp. 2406869 Sp. 2	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04232008	Chg-NP	CR2E03	7 (12/06)	
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STEWARTS AND SANDER AMACINTYRE 1224 RIDGEWOOD AVE VENICE FL3 34292-1939	Zip			Country				<u> </u>	Fee Require	
ATTIN SANDRA BARÁCINTYRE 1224 RIDGEWOOD AVE VENICE FL 34292-1939 UNIT 9 City VENICE FL FL 210 Code Seacut BLVD UNIT 9 City VENICE FL FL 210 Code Seacut BLVD UNIT 9 City VENICE FL FL 210 Code Seacut BLVD UNIT 9 City VENICE FL FL 210 Code Seacut BLVD UNIT 9 City VENICE FL FL 210 Code Seacut BLVD UNIT 9 City VENICE FL FL 210 Code Seacut BLVD UNIT 9 City VENICE FL FL 210 Code Seacut BLVD UNIT 9 City VENICE FL FL 210 Code Seacut BLVD UNIT 9 City VENICE FL FL 210 Code Seacut BLVD UNIT 9 City VENICE FL Seacut		Name and Address of Current I	Registered Agent			7. Name and	Address of New	Registered A	\gent	
VENICE FL34292-1939 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of importanced agent. SIGNATURE Consider the purpose of place some of importance agent and the 4 approach. (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of importance agent and the 4 approach. (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of importance agent and the familiar with, and accept the obligations of importance agent and the familiar with, and accept the obligations of importance agent and the familiar with, and accept the obligations of importance agent and the familiar with, and accept the obligations of importance agent and the familiar with, and accept the obligations of importance agent and remaining. Signature Constitution Cons										
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8. The above names entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent with the obligations of registered agent and title # ancetacion. Continue				1		9				
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SIGNATURE Common	8. The above	named entity submits this statement for	the purpose of changing its				n, in the State of	Florida. I am f	amiliar with,	and accept
Filing Fee is \$61.25	ine obligal	lions of registered agent.						,		
10.	SIGNATURE	flymm		LEN HA	9EMA	W	aor	·il 29/0.	8	
10.		Signature, typed or/prynted name of registered agent a	nd title if applicable. (NOTE	E. Registered Agent signa	ture required wh	nen reinstating)	7	DATE		
TILE MAME MAKE SIREET ADDRESS CITY-ST-2P TITLE MACIONESS		//	· · · · · · · · · · · · · · · · · · ·					DATE		<u>-</u>
NAME SIREET ADDRESS CITY-ST-ZIP MATAWAN, NJ 07747 TITLE NORDSTRAND, BURT NAME NORDSTRAND, BURT THE NORDICE, FL 34285 TITLE AT MACINTYRE, SANDRA R SIREET ADDRESS CITY-ST-ZIP TITLE ANAME SIREET ADDRESS CITY-ST-ZIP TITLE D Change Addition MACINTYRE, SANDRA R SIREET ADDRESS CITY-ST-ZIP TITLE D Change Addition MACINTYRE, SANDRA R SIREET ADDRESS CITY-ST-ZIP TITLE D Change Addition MACINTYRE, SANDRA R SIREET ADDRESS CITY-ST-ZIP TITLE D Change Addition MACINTYRE, SANDRA R SIREET ADDRESS CITY-ST-ZIP TITLE D CHANGE SIREET ADDRESS CITY-ST-ZIP TITLE D CHANGE ADDRESS CITY-ST-ZIP TITLE DISALVO, NICOLE SIREET ADDRESS CITY-ST-ZIP TITLE SD CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE SD CITY-ST-ZIP TITLE SD CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STRE		Filing Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	mpaign Financing	\$	5.00 May Be	,	Make check	payable t	
STREET ADDRESS 132 FARRINGTON RD		Filing Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	mpaign Financing Contribution.	□ \$	5.00 May Bedded to Fees	FI	Make check orida Depart	payable to ment of S	tate
TITLE NAME NORDSTRAND, BURT NORDSTRAND, BURT NAME SIREET ADDRESS CITY-ST-ZIP VENICE, FL 34285	TITLE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Can Trust Fund C	npaign Financing Contribution.	ADI APERS	5.00 May Bedded to Fees	FINGES TO OFFICE	Make check orida Depart	payable to the common terms of Single Change	tate
NAME SIREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP IIILE AT MAME MACINTYRE, SANDRA R SIREET ADDRESS CITY-ST-ZIP IIILE AT MAME MACINTYRE, SANDRA R SIREET ADDRESS CITY-ST-ZIP IIILE MAME DISALVO, NICOLE THE MAME SIREET ADDRESS CITY-ST-ZIP IIILE MAME SIRET ADDRESS CITY-ST-ZIP IIILE MAME SIRET ADDRESS CITY-ST-ZIP IIIL	TITLE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR CARLUCCI MARY 132 FARRINGTON RD	9. Election Can Trust Fund C	npaign Financing Contribution. 11. IIILE NAME	ADI APEAS HAGE	5.00 May Be dded to Fees DITIONS/CHA	FINGES TO OFFICE	Make check orida Depart CERS AND DIF	payable to the common terms of Single Change	tate
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TITLE NAME MACINTYRE, SANDRA R SIREET ADDRESS CITY-ST-ZIP VENICE, FL 342921939 TITLE VPD UFER, KAREN SIREET ADDRESS CITY-ST-ZIP ANN ARBOR, MI 48103 TITLE UD SALVO, NICOLE SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE D C SIREET ADDRESS CITY-ST-ZIP TITLE NAME DISALVO, NICOLE TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME DISALVO, NICOLE TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE SD C Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE SD C Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE SD C Change Addition NAME SIREET ADDRESS CITY-ST-ZIP TITLE SD C Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE SD C SIREET ADDRESS CITY-ST-ZIP TOTAL SIREET AD	TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR CARLUCCI. MARY 132 FARRINGTON RD MATAWAN, NJ 07747 PTD	9. Election Can Trust Fund C ECTORS	mpaign Financing Contribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADI APEAS HAGE	5.00 May Be dded to Fees DITIONS/CHA	FINGES TO OFFICE	Make check orida Depart CERS AND DIF	payable to the common to the c	tate 10 Addition
MAME MACINTYRE, SANDRA R SIREET ADDRESS CITY-ST-ZIP TITLE VPD	TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR CARLUCCI, MARY 132 FARRINGTON RD MATAWAN, NJ 07747 PTD NORDSTRAND, BURT	9. Election Can Trust Fund C ECTORS	mpaign Financing Contribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADI APEAS HAGE	5.00 May Be dded to Fees DITIONS/CHA	FINGES TO OFFICE	Make check orida Depart CERS AND DIF	payable to the common to the c	tate 10 Addition
STREET ADDRESS 1224 RIDGEWOOD AVE	TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR CARLUCCI, MARY 132 FARRINGTON RD MATAWAN, NJ 07747 PTD NORDSTRAND, BURT 718 GOLDEN BEACH BLVD #10	9. Election Can Trust Fund C ECTORS	mpaign Financing Contribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADI APEAS HAGE	5.00 May Be dded to Fees DITIONS/CHA	FINGES TO OFFICE	Make check orida Depart CERS AND DIF	payable to the common to the c	tate 10 Addition
CITY-ST-ZIP VENICE, FL 342921939	TILLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR D CARLUCCI, MARY 132 FARRINGTON RD MATAWAN, NJ 07747 PTD NORDSTRAND, BURT 718 GOLDEN BEACH BLVD #10 VENICE, FL 34285 AT	9. Election Can Trust Fund C ECTORS Delete	mpaign Financing Contribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE	ADI APEAS HAGE	5.00 May Be dded to Fees DITIONS/CHA	FINGES TO OFFICE	Make check orida Depart CERS AND DIF	payable to the control of the contro	10 Addition
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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 617, 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.

DICALLEN HAGEMAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR