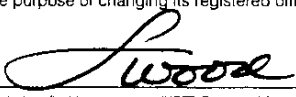
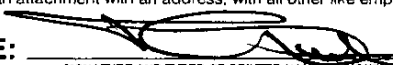


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90060 029 ****70.00

DOCUMENT # 758392 1. Entity Name OCEAN ISLES FISHING VILLAGE, INC.					
Principal Place of Business 10877 OVERSEAS HWY UNIT 1 MARATHON, FL 33052 US			Mailing Address 10877 OVERSEAS HWY UNIT 1 MARATHON, FL 33052 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		 01152008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2272186 Applied For Not Applicable 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, LAUREN LCAM 10877 OVERSEAS HWY #2 MARATHON, FL 33050				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 <u>LAUREN WOOD</u> Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating) <u>1-15-08</u> DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUSTIN, RON 10877 OVERSEAS HWY 83 MARATHON, FL 33050 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS ☒ Change ☐ Addition Austin		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, BILL 9760 SW 16 ST MIAMI, FL 33165 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice pres ☒ Change ☐ Addition Davis		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRITO, RICK 1162 NW 195 AVE PEMBROKE PINES, FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec ☒ Change ☐ Addition Brito		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRIEGER, KAREN 119 PINE HILL AVE NORWALK, CT 06855 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☒ Change ☐ Addition Kriegar		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENDRICK, THOMAS 10877 OVERSEAS HWY 36 MARATHON, FL 33050 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ☐ Change ☒ Addition CyLTHIA Underhill 10877 Overseas Hwy #84 MARATHON FL, 33050		
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 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.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u>1-15-08</u> Date Daytime Phone #	