

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003780

FILED
Jan 08, 2008
Secretary of State

Entity Name: OCEAN MEDICAL INTERNATIONAL USA INCORPORATED

Current Principal Place of Business:

5 GOLDINGTON RD
BEDFORD MK40 3JY UK, XX

New Principal Place of Business:

2019 SW 20 ST
SUITE 210
FT LAUDERDALE, FL 33315 US

Current Mailing Address:

2019 SW 20TH STREET SUITE 210
FT LAUDERDALE, FL 33315

New Mailing Address:

2019 SW 20 ST
SUITE 210
FT LAUDERDALE, FL 33315 US

FEI Number: 98-0540342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBIN, CHARLES D ESQ
2101 CORPORATE BLVD SUITE 107
BOCA RATON, FL 33431 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: CDVT () Delete
Name: MARSHALL, IAN B
Address: 1310/38 BRIDGE STREET
City-St-Zip: SYDNEY NSW 2000 AUSTRALIA, XX

Title: VCDP () Delete
Name: IRONS, DAVID J
Address: CALLE ALVARO DE BAZAN 7/3, 07014
City-St-Zip: PALMA DE MALLORCA BACEARES, XX

Title: S () Delete
Name: IRONS, DAVID J
Address: CALLE ALVARO DE BAZAN 7/3, 07014
City-St-Zip: PALMA DE MALLORCA BACEARES, XX

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: REBECCA CASTELLANO

MGR

01/08/2008

Electronic Signature of Signing Officer or Director

Date