

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90408 006 \*\*\*150.00

**DOCUMENT # F98000006100**

1. Entity Name  
**OCEAN WORLD LINES, INC.**



Principal Place of Business

**1981 MARCUS AVENUE  
LAKE SUCCESS, NY 11042**

Mailing Address

**2300 CLAYTON ROAD  
#1200  
CONCORD, CA 94520**

**50012621**



04042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-3002217</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BAUER, ALAN 1981 MARCUS AVENUE LAKE SUCCESS, NY 11042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO YARBERRY, LAWRENCE C 2300 CLAYTON ROAD #1200 CONCORD, CA 94520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, LISA 2300 CLAYTON ROAD #1200 CONCORD, CA 94520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOHERTY, JOSEPH B 2300 CLAYTON ROAD, STE 1200 CONCORD, CA 94520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS YAO, NINA 2300 CLAYTON ROAD #1200 CONCORD, CA 94520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Nina Yao*

*Nina Yao*

*4/17/06*

*925 887 1400*