

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000004754

1. Entity Name
OCEAN DESIGN, INC.



Principal Place of Business
**9 AVIATOR WAY
ORMOND BEACH, FL 32174**

Mailing Address
**9 AVIATOR WAY
ORMOND BEACH, FL 32174**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2932709	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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	CEO
NAME	READ, MICHAEL
STREET ADDRESS	9 AVIATOR WAY
CITY-ST- ZIP	ORMOND BEACH, FL 32174

TITLE	CFO
NAME	BROLUND, ROBERT
STREET ADDRESS	9 AVIATOR WAY
CITY-ST- ZIP	ORMOND BEACH, FL 32174

TITLE	V
NAME	BARLOW, STEWART
STREET ADDRESS	9 AVIATOR WAY
CITY-ST- ZIP	ORMOND BEACH, FL 32174

TITLE	S
NAME	HIRSH, AUSTIN L
STREET ADDRESS	30 SOUTH WACKER DRIVE
CITY-ST- ZIP	CHICAGO, IL 60606

TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/01/06-80038-024 150.00

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

1/17/06

Date

386-673-3575

Daytime Phone #