2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004754

Name:

Address:

City-St-Zip:

Apr 27, 2009 Secretary of State

Entity Name: OCEAN DESIGN, INC. **Current Principal Place of Business: New Principal Place of Business:** 1026 N. WILLIAMSON BLVD DAYTONA BEACH, FL 32114 **Current Mailing Address: New Mailing Address:** 1026 N. WILLIAMSON BLVD 1049 CAMINO DOS RIOS DAYTONA BEACH, FL 32114 THOUSAND OAKS, CA 91360 FEI Number: 59-2932709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete () Change () Addition READ, MICHAEL Name: Name: 1026 N WILLIAMSON BLVD Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: Title: () Delete (X) Change () Addition BROLUND, ROBERT Name: Name: MEHRABIAN, ROBERT 1026 N WILLIAMSON BLVD 1049 CAMINO DOS RIOS Address: Address: DAYTONA BEACH, FL 32114 THOUSAND OAKS, CA 91360 City-St-Zip: City-St-Zip: (X) Change () Addition Title: () Delete Title: **VPS** BARLOW, STEWART CIBIK, MELANIE S Name: Name: 1026 N WILLIAMSON BLVD 1049 CAMINO DOS RIOS Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: THOUSAND OAKS, CA 91360 () Delete Title: Title: VPT (X) Change () Addition CIBIK, MELANIE BLACKWOOD, STEPHEN F Name: Name: Address: 1049 CAMINO DOS RIOS Address: 1049 CAMINO DOS RIOS City-St-Zip: THOUSAND OAKS, CA 91360 City-St-Zip: THOUSAND OAKS, CA 91360 Title: Title: () Delete () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

SASSALOS, PAUL

1049 CAMINO DOS RIOS THOUSAND OAKS, CA 91360

SIGNATURE: MELANIE S. CIBIK **VPS** 04/27/2009