


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # G66959 1. Entity Name OCEAN CARPETS LTD., INC.	
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Principal Place of Business 8555 ASTRONAUT BLVD % DOUGLAS L. COCHRAN CAPE CANAVERAL, FL 32920	Mailing Address 8555 ASTRONAUT BLVD % DOUGLAS L. COCHRAN CAPE CANAVERAL, FL 32920
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01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2359145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**COCHRAN, DOUGLAS L.
8555 ASTRONAUT BLVD
CAPE CANAVERAL, FL 32920**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U000000781139
 01/15/08-80022-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COCHRAN, DOUGLAS
STREET ADDRESS	8555 ASTRONAUT BLVD
CITY-ST-ZIP	CAPE CANAVERAL, FL
TITLE	V
NAME	JONHSON, ASHLEY
STREET ADDRESS	1830 N AIA H6101
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Douglas L. Cochran 1/11/08 321 784 2540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #