


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # H48843 1. Entity Name OCEAN 12, INC.	
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Principal Place of Business C/O JOANNE GIMMY 439 E ATLANTIC AVE DELRAY BEACH, FL 33483	Mailing Address C/O JOANNE GIMMY 439 E ATLANTIC AVE DELRAY BEACH, FL 33483
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DO NOT WRITE IN THIS SPACE



08032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2538824	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GIMMY, JOANNE 439 E ATLANTIC AVE DELRAY BEACH, FL 33444	DO NOT WRITE IN THIS SPACE
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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 *Joanne Gimmy* (NOTE: Registered Agent signature required when reinstating) DATE 8/1/07

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GIMMY, BRUCE 439 E ATLANTIC AVE DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GIMMY JOANNE 439 E. ATLANTIC AVE. DELRAY BCH, FL
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08/07/07-80002-004 150.00

**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: *Joanne Gimmy* 8/1/07 561-278-5626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #