## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J00298

Name:

Address:

City-St-Zip:

PAPROCKI, JOAN M.,

PANAMA CITY, FL 32408

116 LAIRD CIR

FILED Feb 20, 2006 Secretary of State

Entity Name: OCEAN VENTURES, INC.					
Current Pr	incipal Plac	e of Business:	New Principal Place of B	New Principal Place of Business:	
116 LAIRD PANAMA C	CIR CITY BCH, FI	L 32408			
Current Ma	ailing Addre	ess:	New Mailing Address:	New Mailing Address:	
116 LAIRD PANAMA C	CIR CITY BCH, FI	L 32408			
FEI Number:	59-2643155	FEI Number Applied For (	) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			nt: Name and Address of Ne	Name and Address of New Registered Agent:	
116 LAIRD	, CHARLES CIR ON, FL 3420		PAPROCKI, CHARLES A. 116 LAIRD CIR PANAMA CITY BCH, FL:		
The above in the State		/ submits this statement for	the purpose of changing its registered off	ice or registered agent, or both,	
SIGNATUR	E:			02/20/2006	
Election Cam		onic Signature of Registere	· ·	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( PAPROCKI, O 116 LAIRD CI PANAMA CIT	IR .	Title: ( ) C Name: Address: City-St-Zip:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( PAPROCKI, O 116 LAIRD CI PANAMA CIT	IR .	Title: ( ) C Name: Address: City-St-Zip:	Change ( ) Addition	
Title:	TS (	) Delete	Title: ()C	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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:

SIGNATURE: JOAN M PAPROCKI **TREA** 02/20/2006