


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J47271</b> 1. Entity Name OCEANSIDE RE GROUP, INC..	
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Principal Place of Business 222 RIVERSIDE DR ORMOND BEACH, FL 32176 US	Mailing Address POB 1715 ORMOND BEACH, FL 32175 US
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01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2766681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BURT, WALLACE J JR 222 RIVERSIDE DR ORMOND BEACH, FL 32176
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**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 fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BURT, WALLACE J. POB 1715 ORMOND BEACH, FL 32175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BURT, ALICE L. POB 1715 ORMOND BEACH, FL 32175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WOLFE, VIRGINIA L POB 1715 ORMOND BEACH, FL 32175
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/07-80073-011 150.00

**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: Wallace J. Burt Jr Wallace J. Burt Jr 1/8/07 (386) 677-5217  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #