2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008
Secretary of State

DOCUMENT# J65711

Entity Name: INDIAN RIVER OXYGEN, INC.

Current Principal Place of Business:

650 ANGLE RD
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

650 ANGLE RD
FORT PIERCE, FL 34947

New Mailing Address:

1626 90TH AVE
VERO BEACH, FL 32966

FEI Number: 59-2802379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAMM, SARAH E
4285 21ST STREET SW
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

BROWN, EDGAR R II
1626 90TH AVE
VERO BEACH, FL 32966 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: EDGAR ROLLINS BROWN II 06/23/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: LAMM, SARAH E
Address: 4285 21ST STREET SW
City-St-Zip: VERO BEACH, FL 32968

Title: PD ( ) Delete
Name: LAMM, TROY S
Address: 650 ANGLE RD
City-St-Zip: FORT PIERCE, FL 34947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: LAMM, WILLIAM C
Address: 353 NW SHORELINE CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP/D (X) Change ( ) Addition
Name: LAMM, MERCEDES
Address: 353 NW SHORELINE CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

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.

SIGNATURE: WILLIAM C. LAMM P/D 06/23/2008
Electronic Signature of Signing Officer or Director Date