


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 08:00 AM
Secretary of State

DOCUMENT # K66075
 1. Entity Name
NEW MEXICO OCEAN, INC.



Principal Place of Business 1100 LINTON BLVD. STE. C-9 DELRAY BEACH, FL 33444 US	Mailing Address 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801 US
---	--

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 74-2574589	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CRITCHFIELD, RICHARD H.
 1100 LINTON BLVD.
 STE. C-4
 DELRAY BEACH, FL 33444

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 _____ 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, 2004 Fee will be \$550.00

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

U00000094698
 03/23/04-80007-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WALSH, WILLIAM 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS GREENE, DOUG 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *William Walsh* **William Walsh** **1/20/04** **(603)559-2100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #