


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90170 019 ***150.00

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
2. Principal Place of Business <i>1001 E. Atlantic Ave</i> Suite, Apt. #, etc. <i>Suite 202</i>	3. Mailing Address Suite, Apt. #, etc.	
City & State <i>Delray Beach, FL</i>	City & State	
Zip <i>33483</i>	Country <i>US</i>	Zip Country
6. Name and Address of Current Registered Agent CRITCHFIELD, RICHARD H. 1100 LINTON BLVD. STE. C-4 DELRAY BEACH, FL 33444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALSH, WILLIAM 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GREENE, DOUG 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>William Walsh</i>		<i>William Walsh</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>11/31/05</i> Daytime Phone # <i>(603) 559-2100</i>

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01042005 Chg-P CR2E034 (10/03)

4. FEI Number
 74-2574589
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required