


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90316 034 \*\*\*150.00

<b>DOCUMENT # K68104</b> 1. Entity Name <b>OCEAN GALLERY PROPERTIES, INC.</b>					
Principal Place of Business <b>4600 A1A SOUTH ST AUGUSTINE FL 32080</b>			Mailing Address <b>4600 A1A SOUTH SAINT AUGUSTINE FL 32080</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2982209</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REALI, KENNETH M. 26 FOXHALL LANE PALM COAST FL 32137</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Trust Fund Contribution. Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LOUSNERD, WILLIAM</b> <b>3288 HWY BEACH DRIVE</b> <b>BRIGHTON MI 48116</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Raymond Belz</b> <b>5401 Lee Avenue</b> <b>Downers Grove IL 60515</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURAULIS, DARRYL</b> <b>7710 LOWER FISHERS ROAD</b> <b>VICTOR NY 14564</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BTS.</b> <b>REALI, KENNETH M</b> <b>26 FOXHALL LANE</b> <b>PALM COAST FL 32137</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAUL WELLS</b> <b>20 SCOTCH MIST WAY</b> <b>BALLSTON SPA</b> <b>NY 12020-4443</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A</b> <b>RAU, TOM</b> <b>105 VILLAGE LOS PALMAS LANE</b> <b>ST AUGUSTINE FL 32080</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GEORGE KECKEISEN</b> <b>53 VILLAGE DEL PRADO CIRCLE</b> <b>ST. AUGUSTINE, FL 32080</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WILES, KATHY</b> <b>RR BOX 566</b> <b>HAMPTON BAYS NY 11946</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LONGHEAD, WILLIAM</b> <b>3288 HIDEAWAY BEAKH DRIVE</b> <b>BRIGHTON MI 48116</b>	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> <u>William M. Rau</u> <span style="float: right;">4/21/06 471 6663</span>					