


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90091 014 \*5,500.00

<b>DOCUMENT #</b> L78811	
<b>1. Entity Name</b> Ocean Waves Inc.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> % Kevin R. Carlson	<b>3. Mailing Address</b> % Kevin R. Carlson
Suite, Apt. #, etc. 76 Levy Road	Suite, Apt. #, etc. 76 Levy Road
City & State Atlantic Beach FL	City & State Atlantic Beach FL
Zip 32233	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 59-3013466	Applied For <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
	<b>7. Name and Address of Current Registered Agent</b>	
	Name <u>Carlson, Kevin R.</u>	
Street Address (P.O. Box Number is Not Acceptable)		
76 Levy Road		
City <u>Atlantic Beach FL</u>		Zip Code <u>32233</u>

**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** Kevin Carlson its President 9/9/2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
President / Carlson, Kevin R.	386 South 1st street		
Jacksonville Beach FL 32250			
Vice President / Carlson, Casey L.	4460 Hodges Blvd. Apt. 1015		
Jax. FL 32224			
Secretary/ Corwin, Bradford M.	1306 Noe Court		
Jacksonville Beach FL 32266			
Director/ Carlson, Frederick W.	2409 Pine Island Court		
Jax. FL 32224			

**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)(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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Kevin Carlson its President 9/9/2003 (904)247-7877  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)