2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2005 08:00 AM Secretary of State

1. Entity Name

FLORIDA OCEAN ALLIANCE, INC.



Principal Place of Business

111 EAST LAS OLAS BLVD ASKEW TOWER, SUITE 709 FORT LAUDERDALE, FL 33301 Mailing Address

111 EAST LAS OLAS BLVD ASKEW TOWER, SUITE 709 FORT LAUDERDALE, FL 33301



01102005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-1074203 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MURLEY, JAMES F

DO NOT WRITE

ASKEW TOWER, SUITE 709 FORT LAUDERDALE, FL 33301			IN THIS SPACE		
	named entity submits this statement for the priors of registered agent,	urpose of changing its registered	office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and	accept
SIGNATURE.	Signalure, typed or printed name of registered agent and title if	applicable. INOTE Registered.	Agent signature required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financ Trust Fund Contribution.	ing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCDONALD, DAVID L 111 EAST LAS OLAS BLVD., AT 709 FORT LAUDERDALE, FL 33301	w 11. sy=√7.		01/29/05-80026-012 61 -	. 25
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODGEN, JÖHN 111 EAST LÄS OLAS BLVD., AT 709 FORT LAUDERDALE, FL 33301	, see a	DO	NOT WRITE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VC MAHADEVAN, KUMAR 111 EAST LAS OLAS BLVD., AT 709 FORT LAUDERDALE, FL 33301	المعتد والمالية	IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CATO, JAMES C 111 EAST LAS OLAS BLVD., AT 709 FORT LAUDERDALE, FL 33301	i i i i i i i i i i i i i i i i i i i			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGREESE, DUANE PH.D. 111 EAST LAS OLAS BLVD., AT 709 FORT LAUDERDALE, FL 33301			The state of the s	<u> </u>
12, I hereby indicated of the cor	certify that the information supplied with this fill on this report or supplemental report is true a poration of the receiver or trustee empowered	ing does not qualify for the exem nd accurate and that my signatu to execute this report as require	ption stated in Section 119.07(3) re shall have the same legal effe d by Chapter 617, Florida Statut)(i), Florida Statutes. I further certify that the information as if made under oath; that I am an officer or cas; and that my name appears in Block 10 or Block.	mation director ock 11 ff

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FFICER OR DIRECTOR