

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

|                                                                                  |                                                                                   |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N01000000429</b><br>1. Entity Name<br>FLORIDA OCEAN ALLIANCE, INC. |  |
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| Principal Place of Business<br>111 EAST LAS OLAS BLVD<br>ASKEW TOWER, SUITE 709<br>FORT LAUDERDALE, FL 33301 | Mailing Address<br>111 EAST LAS OLAS BLVD<br>ASKEW TOWER, SUITE 709<br>FORT LAUDERDALE, FL 33301 |
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01112006 No Chg-NP CR2E037 (11/05)

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|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>65-1074203                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

|                                                                                                                                                         |
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| 6. Name and Address of Current Registered Agent<br><br>MURLEY, JAMES F<br>111 EAST LAS OLAS BLVD<br>ASKEW TOWER, SUITE 709<br>FORT LAUDERDALE, FL 33301 |
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| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                    |
| DATE _____                                                                                                                                                                                                                      |

|                                             |                                                                                                                 |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Filing Fee is \$61.25<br>Due by May 1, 2006 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                            |
|------------------------------------------------|--------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>MCDONALD, DAVID L<br>111 EAST LAS OLAS BLVD., AT 709<br>FORT LAUDERDALE, FL 33301     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CLARK, ANDREW M<br>111 EAST LAS OLAS BLVD., AT 709<br>FORT LAUDERDALE, FL 33301       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ODGEN, JOHN<br>111 EAST LAS OLAS BLVD., AT 709<br>FORT LAUDERDALE, FL 33301           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VC<br>MAHADEVAN, KUMAR<br>111 EAST LAS OLAS BLVD., AT 709<br>FORT LAUDERDALE, FL 33301     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>CATO, JAMES C<br>111 EAST LAS OLAS BLVD., AT 709<br>FORT LAUDERDALE, FL 33301         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DEGREESE, DUANE PH.D.<br>111 EAST LAS OLAS BLVD., AT 709<br>FORT LAUDERDALE, FL 33301 |

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|-------------------------------------------|
| 1100000389574<br>01/20/06-80052-024 61.25 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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:  | James Murley | 1/11/06 | 954-762-5255 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>              |              |         |              |