


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000000429 1. Entity Name FLORIDA OCEAN ALLIANCE, INC.	
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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
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02192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent MURLEY, JAMES F 111 EAST LAS OLAS BLVD ASKEW TOWER, SUITE 709 FORT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: 2-20-07
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000648102 03/06/07-80098-019 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCDONALD, DAVID L 111 EAST LAS OLAS BLVD., AT 709 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, ANDREW M 111 EAST LAS OLAS BLVD., AT 709 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODGEN, JOHN 111 EAST LAS OLAS BLVD., AT 709 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MAHADEVAN, KUMAR 111 EAST LAS OLAS BLVD., AT 709 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CATO, JAMES C 111 EAST LAS OLAS BLVD., AT 709 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGRESE, DUANE PH.D. 111 EAST LAS OLAS BLVD., AT 709 FORT LAUDERDALE, FL 33301

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IN THIS SPACE**

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:  DATE: 2.20.07 954-762-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #