2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008365

Entity Name: FLORIDA OCEAN GROUP, INC.

FILED Feb 15, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

2805 E OAKLAND PK BLVD 2805 E OAKLAND PK BLVD

#159

FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33306 US

Current Mailing Address: New Mailing Address:

2805 E OAKLAND PK BLVD 2805 E OAKLAND PK BLVD

#159

FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33306 US

FEI Number: 20-0260217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEVILLE, ARIANNE FOXX, ARNIE

2805 E OAKLAND PK BLVD 2805 E OAKLAND PK BLVD

#159 #159

FORT LAUDERDALE, FL 33306 US FORT LAUDERDALE, FL 33306 US

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.

SIGNATURE: ARNIE FOXX 02/15/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Delete Title: () Change () Addition

 Name:
 DEVILLE, ARIANNE
 Name:

 Address:
 2805 E OAKLAND PK BLVD #159
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33306
 City-St-Zip:

Title: P () Delete Title: DPS (X) Change () Addition

Name: FOXX, ARNIE Name: FOXX, ARNIE

Address: 2805 E OAKLAND PK BLVD #159 Address: 2805 E OAKLAND PK BLVD #159
City-St-Zip: FORT LAUDERDALE, FL 33306 City-St-Zip: FORT LAUDERDALE, FL 33306 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNIE FOXX DPS 02/15/2005