

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001435

FILED
Aug 28, 2009
Secretary of State

Entity Name: OCEAN RESTORATION INITIATIVE, INC.

Current Principal Place of Business:

17121 CAPTIVA DRIVE
GH
CAPTIVA, FL 33924

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 935
CAPTIVA, FL 33924

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COOPER, JOEL
5821 DORY WAY
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: CALINSKI, MIKE
Address: 17121-GH CAPTIVA DRIVE
City-St-Zip: CAPTIVA, FL 33924 US

Title: S, D () Delete
Name: COOPER, JOEL
Address: 5821 DORY WAY
City-St-Zip: TAMPA, FL 33615 US

Title: T, D (X) Delete
Name: MCCRUDDEN, BARRY
Address: 3663 SE OLD ST. LUCIE BLVD.
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: JONES, MIKE
Address: 16420 OLD US 41
City-St-Zip: FT. MYERS, FL 33912 US

Title: D () Delete
Name: GILBERT, DALE
Address: 120 SAWBILL PALM DRIVE
City-St-Zip: PONTE VERDA BEACH, FL 32082 US

Title: D () Delete
Name: GRIFFITH, JAMES
Address: 2668 COCONUT DRIVE
City-St-Zip: SANIBEL, FL 33957 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: CALINSKI, MIKE
Address: 17121-GH CAPTIVA DRIVE
City-St-Zip: CAPTIVA, FL 33924 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MIKE CALINSKI

P, D

08/28/2009

Electronic Signature of Signing Officer or Director

Date