

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010254

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: BLUE OCEAN MUSIC GROUP, INC.

**Current Principal Place of Business:**

5316 MONTFORD PLACE  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

5316 MONTFORD PLACE  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 26-3447629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRAHAM, TIMOTHY D  
5316 MONTFORD PLACE  
APOPKA, FL 32712 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: PD ( ) Delete  
Name: GRAHAM, TIMOTHY D  
Address: 5316 MONTFORD PLACE  
City-St-Zip: APOPKA, FL 32712

Title: VD ( ) Delete  
Name: GRAHAM, KIMBERLY A  
Address: 5316 MONTFORD PLACE  
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete  
Name: RHODES, REBECCA R  
Address: 1521 CHESNUT AVE.  
City-St-Zip: WINER PARK, FL 32789

Title: TD ( ) Delete  
Name: MICHAEL, JOHN D JR  
Address: 317 LAKE SHORE POINT BLVD.  
City-St-Zip: MT. DORA, FL 32757

Title: D ( ) Delete  
Name: KAUFMAN, PAUL  
Address: 840 PALMETTO TERR  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: TIMOTHY D GRAHAM

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date