

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2004
Secretary of State**

DOCUMENT# N98000006345

Entity Name: OCEANIC APPLIED SCIENCES AND ENVIRONMENTAL SOLUTIONS (OASES), INC.

Current Principal Place of Business:

641 PEPPER ST NE
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

641 PEPPER ST NE
PALM BAY, FL 32907

New Mailing Address:

FEI Number: 59-3541436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CHRISTOPHER W
641 PEPPER ST NE
PALM BAY, FL 32907

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: ED () Delete
Name: SMITH, C W S
Address: 641 PEPPER ST NE
City-St-Zip: PALM BAY, FL 32907

Title: PRDT () Delete
Name: SMITH, LOREN S
Address: 641 PEPPER ST NE
City-St-Zip: PALM BAY, FL 32907

Title: T () Delete
Name: SMITH, KATHLEEN A
Address: 1220 RIVERSIDE DR
City-St-Zip: HURON, OH 44839

Title: ADT () Delete
Name: BRECHT, RODNEY
Address: 3431 RED CEDAR COURT
City-St-Zip: GROVE CITY, OH 43123

Title: () Delete
Name:
Address:
City-St-Zip:

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: R&DD () Change (X) Addition
Name: NEWTON, CHARLES M MR.
Address: 2070 THORNWOOD DR. SE
City-St-Zip: PALM BAY, FL 32909

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: CWS SMITH

ED

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date