2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# P00000055258

Entity Name: OCEAN SPECIALISTS, INC.

Current Principal Place of Business:

8502 SW KANSAS AVENUE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

8502 SW KANSAS AVENUE
STUART, FL 34997

New Mailing Address:

FEI Number: 65-1024370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WHITE, DAN G
8502 SW KANSAS AVENUE
STUART, FL 34997 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WHITE, DAN G
Address: 3337 SW BESSEY CREEK TR.
City-St-Zip: PALM CITY, FL 34990

Title: P ( ) Delete
Name: BYOUS, JAMES P
Address: 6957 SW WEDELIA TERRACE
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: PETERSON, KEVIN C
Address: 654 SW FUGE RD.
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: STEVENS, SUE
Address: 32801 HIGHWAY 441 NORTH, #191
City-St-Zip: OKEECHOBEE, FL 34972

Title: D ( ) Delete
Name: GETTLESON, DAVID
Address: 456 OCEAN RIDGE WAY
City-St-Zip: JUNO BEACH, FL 33408

Title: D ( ) Delete
Name: AYER, FRED
Address: 149 RIVER DRIVE
City-St-Zip: TEQUESTA, FL 33469

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES BYOUS P 03/09/2009

Electronic Signature of Signing Officer or Director — Date