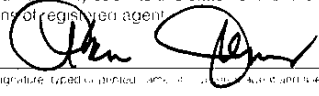
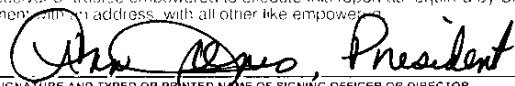


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90440 035 ***150.00

DOCUMENT # P00000075047 1. Entry Name OCEANSIDE INVESTMENTS, INC.					
Principal Place of Business 3400 GALT OCEAN DRIVE, #710-S FORT LAUDERDALE, FL 33308			Mailing Address 3400 GALT OCEAN DRIVE, #710-S FORT LAUDERDALE, FL 33308		
2. Principal Place of Business No P.O. Box # Suite Apt # etc		3. Mailing Address Suite Apt # etc			
City & State Zip		City & State Zip		04102007 Chg-P CR2E034 (12/06) 4. FEI Number 65-1031251 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent JONES, ANN 3400 GALT OCEAN DRIVE, #710-S FORT LAUDERDALE, FL 33308	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  President 4-25-07 Signature typed or printed name of officer or director and fee if applicable. (Not applicable if no change of agent is required when completing.)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	D JONES, ANN 3400 GALT OCEAN DRIVE, #710-S FORT LAUDERDALE, FL 33308 ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empower.					
SIGNATURE:  President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-25-07 954-563-3324		