2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000014462

1. Entity Name
OUR OCEAN DREAMS, INC.

Principal Place of Business	Mailing Address
2566 MCMULLEN BOOTH ROAD SUITE A CLEARWATER, FL 33761	P. O. BOX 20874 ST. PETERSBURG, FL 33742-0874

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03042008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3701606	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KIRK, KEVIN R
11850 9TH ST. NORTH, NO. 3307
ST. PETERSBURG, FL 33716

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KIRK, KEVIN R
STREET ADDRESS	P. O. BOX 20874
CITY-ST-ZIP	ST. PETERSBURG, FL 337420874

TITLE	D
NAME	KIRK, KARI E
STREET ADDRESS	P. O. BOX 20874
CITY-ST-ZIP	ST. PETERSBURG, FL 337420874

TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 empowered.

SIGNATURE: _____   3/8/08   727-575-3095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #