2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000027515

Entity Name: OCEAN PALMS OPERATING CORP.

FILED Jan 06, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

2750 SE OCEAN BLVD STUART, FL 34996

Current Mailing Address: New Mailing Address:

2750 SE OCEAN BLVD 7300 OLEANDER AVENUE STUART, FL 34996 PORT ST. LUCIE, FL 34952

FEI Number: 14-1515566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JOSEPH, FICOCELLO
7300 OLEANDER AVE
MERRITT ISLAND, FL 32952 US
JOSEPH, FICOCELLO
7300 OLEANDER AVE
PORT ST. LUCIE, FL 34952 US

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: 01/06/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 JOSEPH, FICOCELLO
 Name:
 JOSEPH, FICOCELLO

 Address:
 2750 SE OCEAN BLVD
 Address:
 7300 OLEANDER AVENUE

City-St-Zip: STUART, FL 34996 City-St-Zip: PORT ST. LUCIE, FL 34952

 Title:
 S
 () Delete
 Title:
 () Change () Addition

 Name:
 SUE, WEST
 Name:

 Address:
 2750 SE OCEAN BLVD
 Address:

Address: 2750 SE OCEAN BLVD Address: City-St-Zip: STUART, FL 34996 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition
Name: SCOTT, HOFFMAN H
Name: SCOTT, HOFFMAN H

 Name:
 SCOTT, HOFFMAN H
 Name:
 SCOTT, HOFFMAN H

 Address:
 22 HOLLAND AVE
 Address:
 7300 OLEANDER AVENUE

 City-St-Zip:
 ALBANY, NY 12209
 City-St-Zip:
 PORT ST. LUCIE, FL 34952

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: JOSEPH FICOCELLO P 01/06/2009