## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	MILOR	rm DO3114	E33 KEP(	JKI (UDI	C)			
DOCUMENT # P01000068666						FILED		
OCEAN TRUST FINANCIAL, INC.						02 DEC 12 AM 9:33		
DO NOT WRITE IN THIS SPACE						SECRETARY OF STATE TALLAHASSEE, PLORIDA 100009492541 12/12/0201098003 **150.00		
4831 NE	Place of Busine  28TH AVI			3. Mailing Address 4831 NE 28TH AVENUE				
Suite, Apt. #, etc.			Suite, Apt. #, etc	~ 	DO NOT WRITE IN THIS SPACE			
City & State LIGHTHOUSE POINT, FL				SE POINT, FL	4. FEI Number 22-3830223		Applied For Not Applicable	
33064			33064	Country USA		5. Certificate of Status Desired	Fe	3.75 Additional e Required
						<ol><li>Name and Address of Current</li></ol>	Registered A	gent
				N.	Name HRAWG CORP.			
	D)(	o not m	RITE	51	Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE					1801 N. MILITARY TRAIL, SUITE 200			
				337373737373737 <b>4</b>	City BOCA RATON, FL Zip Code 33431			
A The show	e named entity	Submite this statement f	or the purpose of above					33431
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.  Signature. Signature. Synod or printed name of registered agent and title if applicable. (NO.I.L. Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  After Says 1, Fee is \$550.00  10. Election Campaign Financing  \$5.00 May Be								
(See criteria on back)  Amendet 1  Make Check Payable						Trust Fund Contributio	n. 🛄	Added to Fees
11.		OFFICERS AND						
TITLE	MCHAEL			mi				5
NAME	MICHAEL OSBORN (PSTD)			NAME				i i
STREET ADDRESS 4831 NE 28TH AVENUE				Carrier Chonces				
CITY-ST-ZIP LIGHTHOUSE POINT, FL 330			. 33064					and the state of t
TITLE	E .			171.5	THE			
NAME	<b>.</b>			NAME STREET ADDRESS GIV. S.F. APP				520
STREET ADDRESS CITY-ST-ZIP								
NILE					THE			
NAME				NAME:				
STREET ADDRESS	<b>.</b>			SIRET AGO		DO NOT WRITE		
CITY-ST-ZIP	<del> </del>			G17-51-2I		DO NOT	VVIXIA	-
TITLE NAME				TITLE NAME		INTHISS		
STREET ADDRESS				STREET ADD	1555			
CITY-ST-ZIP				CID-ST-BI				
TITLE				390			•	
NAME STREET ADDRESS				NAME				
CiTY-ST-ZiP				STREET ADD CTTY-ST-ZE	ES			
TITLE				Dr.s				
NAME				NAME				
STREET ADDRESS				STREET ACID	C <b>S</b> S			
CITY-ST-ZIP				G17-S1-28				
13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or on an attachment with an address, with all other like empowered.								
SIGNATURE: MICHAEL OSborn, President /2-10-0Z (954) 415-3908								

g 12/13

December 10, 2002

Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Dear Sir/Madame:

Re: Ocean Trust Financial, Inc. (the "Corporation")

Please be advised that I did not receive the 2002 Uniform Business Report from your office. Consequently, the Corporation was administratively dissolved with the Division of Corporations.

I respectfully request that the penalty fee to reinstate the Corporation be waived due to the circumstances described above. Enclosed is the 2002 Uniform Business Report for the Corporation, including a check in the amount of \$150.00, payable to the Florida Department of State representing the state filing fee for the said Report.

Your cooperation is greatly appreciated in this matter.

Very truly yours,

Michael Osborn

Enclosures