2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081887

Entity Name: OCEANIC HOSPITALITY, INC.

FILED Feb 14, 2005 Secretary of State

1614 NORTH US HWY 1 420, HARBOR CITY BLVD. ORMOND BEACH, FL 32174 MELBOURNE, FL 32901

Current Mailing Address: New Mailing Address:

420 HARBOR CITY BLVD

MELBOURNE, FL 32901

C/O OSSINKSY & GEORGE, ATTORNEY AT LAW
500, N OLEANDER AVE
DAYTONA BEACH, FL 32118

FEI Number: 59-3738404 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:

PAREKH, NITIN
1614 NORTH US HWY 1
ORMOND BEACH, FL 32174
US

PATEL, KIRAN
420, S HARBOR CITY BLVD.
MELBOURNE, FL 32901
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: KIRAN PATEL 02/14/2005

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: PAREKH, NITIN Name: PATEL, KIRAN

Address: 1614 NORTH US HWY 1 Address: 420, S HARBOR CITY BLVD City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: MELBOURNE, FL 32901

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

 Name:
 PATEL, ANSUYA
 Name:

 Address:
 1614 NORTH US HWY 1
 Address:

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:

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

Name:DEDANIA, JAYName:Address:420 HARBOR CITY BLVDAddress:City-St-Zip:MELBOURNE, FL 32901City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIRAN PATEL P 02/14/2005