2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 22, 2004 8:00 am
Secretary of State
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DOCUMENT # P02000045304 OCEAN REHABILITATION, INC. 24003294 Principal Place of Business Mailing Address 149 SWEET BAY CIRCLE 149 SWEET BAY CIRCLE JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address 2500 Quantum Lakes ! 2500 Quantum Laicos DR Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 CR2E034 (10/03) Chg-P 108 108 City & State City & State 4. FEI Number Applied For Boynton Beach, Fr BOUDTON Beach 04-3669194 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired <u>33426</u> Palm Bch Falm Bch 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ACCOUNTING & TAX HELP, INC. Street Address (P.O. Box Number is Not Acceptable) 8668 PARK BLVD. SUITE A SEMINOLE, FL 33777 Lates Dr #108 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 (NOTE: Registered Agent signature required when reinstating) ignature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE CED Delete -Ed Change Addition DITLE Greg Bellomy 2000 Quantum Lates DR, #108 SHIELDS, NANCY NAME NAME STREET ADDRESS 149 SWEET BAY CIRCLE STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP Bounton Beach FC 33426 CITY-ST-ZIP TITLE ☐ Delete TITLE CFÒ. Change Addition Jun Doubit NAME NAME 2500 Quantum Lakes De #108 STREET ADDRESS STREET ADDRESS Boynton Beach FR CITY - ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE THIE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale Daylime Phone #