

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P02000061717

1. Entity Name
**OCEAN DEVELOPMENT GROUP INTERNATIONAL,
CORP.**



Principal Place of Business
**4770 BISCAYNE BLVD., PH-G
MIAMI, FL 33137**

Mailing Address
**4770 BISCAYNE BLVD., PH-G
MIAMI, FL 33137**



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0017428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**M.J.F. REGISTERED AGENT CORP.
153 SEVILLA AVENUE
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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	RUSTEN, JOHN
STREET ADDRESS	4770 BISCAYNE BLVD., PH-G
CITY-ST-ZIP	MIAMI, FL 33137

TITLE	D
NAME	STENSBY, KRISTIAN
STREET ADDRESS	4770 BISCAYNE BLVD., PH-G
CITY-ST-ZIP	MIAMI, FL 33137

TITLE	D
NAME	BAEKKELUND, ARNE
STREET ADDRESS	4770 BISCAYNE BLVD., PH-G
CITY-ST-ZIP	MIAMI, FL 33137

TITLE	D
NAME	SKJONG-NILSEN, ROLF
STREET ADDRESS	4770 BISCAYNE BLVD., PH-G
CITY-ST-ZIP	MIAMI, FL 33137

TITLE	D
NAME	HVIDE, LEIF-ERIK
STREET ADDRESS	4770 BISCAYNE BLVD., PH-G
CITY-ST-ZIP	MIAMI, FL 33137

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000891366
04/23/08-80022-015 150.00

**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:

Arne Baekkelund
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARNE BAEKKELUND

4/9/2008

Date

305/438-0808

Daytime Phone #