2004 FOR PROFIT CORPORATION

FILED Apr 05, 2004 8:00 am Secretary of State

ANNUAL REPORT

04-05-2004 90387 043 ***150.00 DOCUMENT # P02000099142 1. Entity Name CLEAR OCEAN INVESTMENTS II CORPORATION Mailing Address Principal Place of Business 24034758 5959 CENTRAL AVE 5959 CENTRAL AVE SUITE 104 **SUITE 104** ST PETERSBURG, FL 33710 ST PETERSBURG, FL 33710 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02262004 Chg-P CR2E034 (10/03) City & State City & State -- --4. FEI Number Applied For APPHED FOR 112-11295081 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAYES, GEORGE L III Street Address (P.O. Box Number is Not Acceptable) 5959 CENTRAL AVE SUITE 104 ST PETERSBURG, FL 33710 Zip Code FL 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 DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Change Addition HAYES, GEORGE L III NAME NAME 5959 CENTRAL AVE SUITE 104 STREET ADDRESS STREET ADDRESS ST PETERSBURG, FL 33710 CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete HOWELL, WILLIAM H NAME NAME STREET ADDRESS STREET ADDRESS 5959 CENTRAL AVE SUITE 104 ST PETERSBURG, FL-33710 City-S1-7P* ☐ Change ☐ Addition MILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CHY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. 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 10 or Block 11 if changed, or on an atlactment with an appears with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR