


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 19, 2004 8:00 am**  
**Secretary of State**

08-19-2004 90054 011 \*\*\*150.00

<b>DOCUMENT # P02000106330</b> 1. Entity Name <b>OCEAN BLUE VENTURES, INC.</b>	
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Principal Place of Business <b>8336 DIAMOND COVE CIRCLE ORLANDO, FL 32836</b>	Mailing Address <b>8336 DIAMOND COVE CIRCLE ORLANDO, FL 32836</b>
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**DO NOT WRITE IN THIS SPACE**



07272004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>52-2383483</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>MONTELEONE, MARIO J 8336 DIAMOND COVE CIRCLE ORLANDO, FL 32836</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MONTELEONE, MARIO J 8336 DIAMOND COVE CIRCLE ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MONTELEONE, LYNN K 8336 DIAMOND COVE CIRCLE ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mario Monteleone  
Lynn Monteleone*

*8/12/04 407 468 9707*  
Date Daytime Phone #