2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000017335

1002 CLARELLEN

FORT MYERS, FL 33919

Address:

City-St-Zip:

Entity Name: OCEAN VERO, INC.

FILED Feb 08, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
13180 N CLEVELAND AVE			12734 KENWOOD LANE		
SUITE 112 N FORT MYERS, FL 33903				SUITE 84 FORT MYERS, FL 33907	
Current Mailing Address:				New Mailing Address:	
13180 N CLEVELAND AVE				12734 KENWOOD LANE	
SUITE 112 N FORT MYERS, FL 33903				SUITE 84 FORT MYERS, FL 33907	
FEI Number:	56-2347121	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
ALEXIS, PARKER 13180 N. CLEVELAND AVENUE 139				THOMAS, HUDGINS F ESQ. 2800 DAVIS BOULEVARD 203	
NORTH FORT MYERS, FL 33903 US				NAPLES, FL 34103 US	
The above in the State		ubmits this statement for the p	purpose o	f changing its registered o	office or registered agent, or both,
SIGNATURE: THOMAS F. HUDGINS					02/08/2008
	Electroni	c Signature of Registered Ag	ent		Date
Election Cam	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	MICHAEL, HYDE	ON COVE DRIVE, #306		Title: (Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	P () UTTLEY, THOM 1002 CLARELLE FORT MYERS, F	EN		Title: (Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	HYDE, MICHAEL	ON COVE DRIVE, #306		Title: (Name: Address: City-St-Zip:) Change ()Addition
Title:	ST ()	Delete		Title: () Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: THOMAS F. HUDGINS ADM 02/08/2008