

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079599

FILED
May 03, 2006
Secretary of State

Entity Name: OCEAN MEDICAL EXECUTIVE SEARCH, INC.

Current Principal Place of Business:

P.O. BOX 600159
JACKSONVILLE BEACH, FL 322600159

New Principal Place of Business:

9471 BAYMEADOWS ROAD
SUITE 305
JACKSONVILLE, FL 32256

Current Mailing Address:

P.O. BOX 600159
JACKSONVILLE BEACH, FL 322600159

New Mailing Address:

9471 BAYMEADOWS ROAD
SUITE 305
JACKSONVILLE, FL 32256

FEI Number: 20-0097698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYRA LOUGHRAN, P.A.
333 FIRST ST. NORTH, STE. 305
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEELE, CATHERINE M
Address: 816 NORTH O STREET, #78
City-St-Zip: LOMPOC, CA 93436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: CATHERINE STEELE

D

05/03/2006

Electronic Signature of Signing Officer or Director

Date