## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000000043

Entity Name: COMMONWEALTH OCEAN HAMMOCK, INC.

FILED Feb 07, 2005 Secretary of State

Current Principal Place of Business: New				cipal Place of Business:		
11777 SAN VICENTE BOULEVARD SUITE 900 PO BOX 40921 LOS ANGELES, CA 90049						
Current Mailing Address:			New Mailir	New Mailing Address:		
11777 SAN VICENTE BOULEVARD SUITE 900 PO BOX 40921 LOS ANGELES, CA 90049						
FEI Number: 20-0543608 FEI Number Applied For ( ) FEI Nu		El Number Not Appli	licable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY						
1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
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		
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	LEARY, THEODO	AMORE AVE., #406	Title: Name: Address: City-St-Zip:	C (X) Change ( ) Addition LEARY, THEODORE M JR 308 NORTH SYCAMORE AVE., #406 LOS ANGELES, CA 90036		
Title: Name: Address: City-St-Zip:	VPT () E SEAMAN, BLEEC 16710 BOLLINGI PACIFIC PALISA	ER DRIVE	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition SEAMAN, BLEECKER P III 16710 BOLLINGER DRIVE PACIFIC PALISADES, CA 90272		
Title: Name: Address: City-St-Zip:	POLADIAN, AVEI 4451 WESTCHE		Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition POLADIAN, AVEDICK B 4451 WESTCHESTER DRIVE WOODLAND HILLS, CA 913645658		
Title: Name: Address: City-St-Zip:	VPAS () E PENNYA, SALVE 512 GRETNA GR LOS ANGELES, O	A EEN WAY	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () [ O'NEILL, KERRI 25 NORTHSTAR MARINA DEL RE	#4	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	VP ()[ O'KEEFFE, PETE 2240 PROSSER	AVE.	Title: Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEANNE LARSEN S 02/07/2005