

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000043

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: COMMONWEALTH OCEAN HAMMOCK, INC.

## Current Principal Place of Business:

11777 SAN VICENTE BOULEVARD  
SUITE 900 PO BOX 40921  
LOS ANGELES, CA 90049

## New Principal Place of Business:

## Current Mailing Address:

11777 SAN VICENTE BOULEVARD  
SUITE 900 PO BOX 40921  
LOS ANGELES, CA 90049

## New Mailing Address:

FEI Number: 20-0543608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SEAMAN, BLEECKER P III  
Address: 16710 BOLLINGER DRIVE  
City-St-Zip: PACIFIC PALISADES, CA 90272

Title: V ( ) Delete  
Name: POLADIAN, AVEDICK B  
Address: 4451 WESTCHESTER DRIVE  
City-St-Zip: WOODLAND HILLS, CA 913645658

Title: VPAS ( ) Delete  
Name: PENNYA, SALVE A  
Address: 512 GREYNA GREEN WAY  
City-St-Zip: LOS ANGELES, CA 90049

Title: VP ( ) Delete  
Name: O'NEILL, KERRI A  
Address: 25 NORTHSTAR #4  
City-St-Zip: MARINA DEL REY, CA 90292

Title: VP ( ) Delete  
Name: O'KEEFE, PETER R  
Address: 2240 PROSSER AVE.  
City-St-Zip: LOS ANGELES, CA 90064

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: S ( ) Change (X) Addition  
Name: LARSEN, LEANNE  
Address: 424 31ST STREET  
City-St-Zip: HERMOSA BEACH, CA 90049 US

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: LEANNE LARSEN

S

01/03/2007

Electronic Signature of Signing Officer or Director

Date