## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000040070

Entity Name: OCEAN BREEZE CRUISES, INC.

FILED Apr 19, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 62093 8608 ELEUTHERA COURT FORT MYERS, FL 33906 US FORT MYERS, FL 33907 US **Current Mailing Address: New Mailing Address:** P.O. BOX 62093 FT. MYERS, FL 33906 US FEI Number: 65-0916113 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KETCHUM, LINDA J 8608 ELEUTHERA COURT FT. MYERS, FL 33907 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition KETCHUM, LINDA J Name: 8608 ELEUTHERA COURT Address: FT. MYERS, FL 33907 US City-St-Zip: ( ) Delete Title: ST Title: (X) Change ( ) Addition HAWLEY, KIMBERLY S Name: HAWLEY, KIMBERLY S Name: Address:

Name: Address:

City-St-Zip:

3730 BALI LANE Address: 10330 MAIN DRIVE

ESTERO, FL 33928 US BONITA SPRINGS, FL 34135 US City-St-Zip: 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.

Ρ SIGNATURE: LINDA J. KETCHUM 04/19/2007