

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042437

FILED
Apr 19, 2009
Secretary of State

Entity Name: THREE OCEANS TRANSPORT, INC.

Current Principal Place of Business:

501 E. KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602

New Principal Place of Business:

3001 ROCKY POINT DRIVE
#224
TAMPA, FL 33607

Current Mailing Address:

501 E. KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602

New Mailing Address:

3001 ROCKY POINT DRIVE
#224
TAMPA, FL 33607

FEI Number: 20-0936753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGELFELD, ALLEN VON
501 EAST KENNEDY BLVD SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

SPIEGELFELD, ALLEN VON
501 EAST KENNEDY BLVD SUITE 1500
TAMPA, FL 33602 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:

04/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOTT, GRAHAM
Address: 501 E. KENNEDY BLVD., STE 1700
City-St-Zip: TAMPA, FL 33602

Title: VSD () Delete
Name: GOTTLIEB, PHILLIP S
Address: 501 E. KENNEDY BLVD., STE 1700
City-St-Zip: TAMPA, FL 33602

Title: VTD () Delete
Name: BAKER, PETER G
Address: 501 E. KENNEDY BLVD., STE 1700
City-St-Zip: TAMPA, FL 33602

Title: VP () Delete
Name: THOMAS, JAMES
Address: 405 RIVER ROAD
City-St-Zip: WILMINGTON, DE 19809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOTT, GRAHAM
Address: 3001 ROCKY POINT DR., #224
City-St-Zip: TAMPA, FL 33607

Title: VSD (X) Change () Addition
Name: GOTTLIEB, PHILLIP S
Address: 3001 ROCKY POINT DR., #224
City-St-Zip: TAMPA, FL 33607

Title: VTD (X) Change () Addition
Name: BAKER, PETER G
Address: 3001 ROCKY POINT DR., #224
City-St-Zip: TAMPA, FL 33607

Title: VP (X) Change () Addition
Name: ELLIOTT, MICHAEL
Address: 3001 ROCKY POINT DR., #224
City-St-Zip: TAMPA, FL 33607

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.

SIGNATURE: GRAHAM BOTT

PD

04/19/2009

Electronic Signature of Signing Officer or Director

Date