


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2007 8:00 A.M.
Secretary of State

DOCUMENT # P04000104910
 1. Entity Name
OCEAN3 PROPERTIES, INC.



Principal Place of Business 19245 428 AVE FRAZEE, MN 56544	Mailing Address 19245 428 AVE FRAZEE, MN 56544
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DO NOT WRITE IN THIS SPACE



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 74-3126719	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**KELLER, JAMES R ESQ
 10925 OVERSEAS HWY
 MARATHON, FL 33050**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MICKELSON, JERRY 19245 428 AVE FRAZEE, MN 56544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENSEN, TIM 19431 428 AVE FRAZEE, MN 56544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICKELSON, JOHN 17227 COUNTY HWY 39 FRAZEE, MN 56544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRISTENSEN, KAY 19431 428 AVE FRAZEE, MN 56544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/24/07--01055--017 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY MICKELSON **JERRY MICKELSON** 6-17-07 218-849-8734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #