

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000104910

Entity Name: OCEAN3 PROPERTIES, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

19245 428 AVE
FRAZEE, MN 56544

New Principal Place of Business:

Current Mailing Address:

19245 428 AVE
FRAZEE, MN 56544

New Mailing Address:

FEI Number: 74-3126719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLER, JAMES R ESQ
10925 OVERSEAS HWY
MARATHON, FL 33050 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MICKELSON, JERRY
Address: 19245 428 AVE
City-St-Zip: FRAZEE, MN 56544

Title: D () Delete
Name: CHRISTENSEN, TIM
Address: 19431 428 AVE
City-St-Zip: FRAZEE, MN 56544

Title: D () Delete
Name: MICKELSON, JOHN
Address: 17227 COUNTY HWY 39
City-St-Zip: FRAZEE, MN 56544

Title: S () Delete
Name: CHRISTENSEN, KAY
Address: 19431 428 AVE
City-St-Zip: FRAZEE, MN 56544

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:

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: JERRY MICKELSON

PTD

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date