2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 02, 2008 8:00 am Secretary of State

DOCUMENT # P04000165494 1. Entity Name OCEAN BREEZE ALUMINUM, INC.					(06-02-2008 90	004 031 ***158.7	75	
Principal Place of Business 274 S.E. NORFOLK BLVD. STUART, FL 34997		Mailing Address 274 S.E NORFOLK BLVD. STUART, FL 34997		!	7.00.00 (EI UBIO BIJO) DUIN BIRIO IBIN BY	DITEC II LOUI	
Suite, Apt. #, etc. Suite, Apt. #, etc.			o Road	Road		05292008 Chg-P CR2E034 (12/06)			
City & State City & State			· <u>.</u>		4. FEI Numbe		Ar	oplied For	
<u>Strar</u> Zip	t, FU Country	Stuart, FL	rt_FL Country			3787	No \$8.75 Add	ot Applicable	
3499		34997	USA			of Status Desired	Fee Require	d	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name Tony C. Alcoik					
BUTTON, RAYMOND A 274 S.E NORFOLK BLVD. STUART, FL 34997				Street Address (P.O. Box Number is Not Acceptable)					
				City Stuart FL Zip Code 34997					
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 predictive degent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE								and accept	
FILE NOWIII FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Finance Trust Fund Contribution.				\$5.0 Adde	00 May Be d to Fees	In accordance w corporation did	vith s. 607.193(2)(b), not receive the prior r	F.S., the notice,	
10.	OFFICERS AND D		1.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTTON, RAYMOND A 274 S.E NORFOLK BLVD. STUART, FL 34997	. N	itle Iame Treet address Ity-st-zip				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	VD ALCOCK, TONY C 2205 S.E. COVE ROAD STUART, FL 34997	Detete Ti	ITLE IAME TREET ADDRESS ITY-ST-ZIP	Pres	ident 1	Director	☑ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delvite TI	ITLE AME TREET ADDRESS ITY-S1-ZIP				Change	Addition	
TATLE NAME STREET ADDRESS CITY-ST-ZIP		N ST	ITLE AME TREET ADDRESS ITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NJ ST	TLE AME TREET ADDRESS TY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N/ ST	TLE AME TREET ADDRESS TY-ST-ZIP				☐ Change	Addition	
12. I hereby of indicated of the correctanged,	ertify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empower on an attachment with an address, with	his filing does not qualify for the even and accurate and that my signered to execute this report as required to execute this report as required to execute this report as required.	exemptions co nature shall ha uired by Chap	ntained i ive the sa oter 607, l	n Chapter 119, ime legal effect Florida Statutes	Florida Statutes. I f as if made under oa ; and that my name	urther certify that the in ath; that I am an officer appears in Block 10 or	formation or director Block 11 if	