


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90031 025 ***150.00

DOCUMENT # P0400073266	
1. Entity Name OCEAN SHORE CAFE I.N.C.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 219 S ATLANTIC AVE Suite, Apt. #, etc.	3. Mailing Address 45 WICKSFIELD CT Suite, Apt. #, etc.
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60015751
CR2E034B (8/05)

City & State DAYTONA BCH FL	City & State ORMOND BCH FL	4. FEI Number 37-1502166	Applied For <input type="checkbox"/> Not Applicable
Zip 32118	Country VOLUSIA	Zip 32174	Country VOLUSIA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name PATRICK J O'BRIEN	
Street Address (P.O. Box Number is not acceptable) 45 WICKSFIELD CT	
City ORMOND BCH	FL Zip Code 32174

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 **Patrick J O'Brien** DATE **1-23-06**
(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PATRICK J O'BRIEN 45 WICKSFIELD CT ORMOND BCH FL, 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Patrick J O'Brien** DATE **1-23-06** DAYTIME PHONE # **386-676-387**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR