## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 12, 2008 8:00 am Secretary of State 02-12-2008 90007 036 \*\*\*150.00

ANNOAL REPORT								
DOCUMENT # P0500 1. Entity Name OCEAN EMBASSY, INC.								
Principal Place of Business	Mailing Address							
450 N WYMORE RD WINTER PARK, FL 32789	450 N WYMORE RD WINTER PARK, FL 32789							

### Principal Place of Business - No PO Box # 3. Mailing Andreess    Suite Apt # etc.	Principal Place		Mailing Address									
Suite. Apt. #. etc.   Suite. Apt. #. etc.   CRy A. State   CRy A			450 N WYMORE RD Winter Park, Fl. 327	89								
City & State	2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address			- [						
Zop	Suite, Apt. #, etc. Suite, Apt. #, etc					01042008	Chg-P	CR2E03	34 (12/06)			
Zip   Country   Zip   Country   S. Cerrificate of Status Desired   \$8.75 Additional Fee Required	City & State Ci		City & State	City & State							····	
Sum	Zip	Country	Zip	Country			5 Certificate of Status Desired \$8.75 Additional					
Street Address (P.O. Bax Number is Not Acceptable)    Street Address (P.O. Bax Number is Not Acceptable)	,	6. Name and Address of Current i	Registered Agent				7. Namo aridi	Address of New F	Registered A	gent		
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	MAND SEDI	HOER INC			Name							
City FL Zip Code  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:    Symbol. lipid or phistor hard of registered agent agent. State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligation of the obligat					Street Address (P.O. Box Number is Not Acceptable)							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, howed or printed nume of registered agent are bit of applicable.  (NATE Registered Agent	WINTER P	ARK, FL 32789										
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.    SignATURE	<b>!</b> :				City					Zip Cod	9	
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After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE   D   Change   Addition    NAME   STREET ADDRESS   CITY-ST-2P    TITLE   D   CHANDO, FL 32806   CITY-ST-2P    TITLE   CITY-ST-2P   CHANDO, FL 32806   CITY-ST-2P    TITLE   CHANDO, FL 32806   CITY-ST-2P    TIT	SIGNATURE	Signature, typed or printed name of registered agent a	nd tide if applicable. (NOTE	Registere	d Agent signature	re required wi	hen reinstating)	· · · · · ·	DATE			
After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE   D   Change   Addition    NAME   STREET ADDRESS   CITY-ST-2P    TITLE   D   CHANDO, FL 32806   CITY-ST-2P    TITLE   CITY-ST-2P   CHANDO, FL 32806   CITY-ST-2P    TITLE   CHANDO, FL 32806   CITY-ST-2P    TIT			O Floring Course	5:		<b>^</b> -						
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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		actifu that the information a make 4	this filing does not available	<u> </u>	I	otaicad !	n Chanter 110	Elorido Ctatutos	I further ser	fu that the !	dormatica	

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 chatged, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTER AND OFFICER OR DIRECTOR SIGNATURE: