2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081440

Entity Name: OCEAN EMBASSY, INC.

FILED Jan 08, 2009 Secretary of State

Name and Address of Current Registered Agent: W&P SERVICES, INC. 450 N WYMORE RD WINTER PARK, FL 32789 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AT 1tle: () Change () Addition Name: FRIDAY, ROBIN B SR. Name: FRIDAY, ROBIN B SR. Address: 6443 PINE CASTLE BLVD., SUITE 2 City-St-Zip: ORLANDO, FL 32806						
WINTER PARK, FL 32789 Current Mailing Address: Aso N WYMORE RD WINTER PARK, FL 32789 Mew Mailing Address: 450 N WYMORE RD WINTER PARK, FL 32789 Cortanber: 20-2962952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Statu. Name and Address of Current Registered Agent: Name and Address of New Registered Agent Name: Address agent agen	Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
450 N WYMORE RD WINTER PARK, FL 32789 6426 MILNER BLVD 101 ORLANDO, FL 32809 FEI Number: 20-2962952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Statu Name and Address of Current Registered Agent: Name and Address of New Registered Agent: W&P SERVICES, INC. 450 N WYMORE RD WINTER PARK, FL 32789 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AGAINS: Address: 6443 PINE CASTLE BLVD., SUITE 2 City-St-Zip: ORLANDO, FL 32806 City-St-Zip: Title: D () Delete Name: Address: 6443 PINE CASTLE BLVD., SUITE 2 Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: Title: D () Delete Name: Address: G443 PINE CASTLE BLVD., SUITE 2 Address: City-St-Zip: Title: D () Delete Name: Address: G443 PINE CASTLE BLVD., SUITE 2				101	9	
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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: MARK A. SIMMONS D 01/08/2009