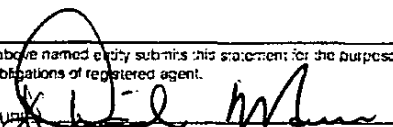
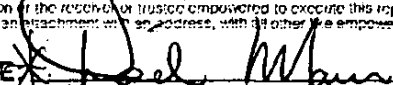


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90064 020 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                       |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P05000127508</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                      |                                                                   |
| 1. Entry Name<br><b>OCEANSIDE JET SKIS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                                       |                                                                   |
| Principal Place of Business<br><b>13255 BISCAYNE BLVD.<br/>NORTH MIAMI, FL 33181</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | Mailing Address<br><b>13255 BISCAYNE BLVD.<br/>NORTH MIAMI, FL 33181</b>                                              |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                             |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | City & State                                                                                                          |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                         | Zip                                                                                                                   | Country                                                           |
| 4. FEE Number<br><b>20-3486659</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | <input type="checkbox"/> Applying For<br><input checked="" type="checkbox"/> Not Applicable                           |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | \$8.75 Additional Fee Required                                                                                        |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>MARCUS, DAVID<br/>13255 BISCAYNE BLVD.<br/>NORTH MIAMI, FL 33181</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | 7. Name and Address of New Registered Agent                                                                           |                                                                   |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | Name                                                                                                                  |                                                                   |
| Street Address (F.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Street Address (F.O. Box Number is Not Acceptable)                                                                    |                                                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | DATE <b>2/8/06</b>                                                                                                    |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                 |                                                                   |
| TITLE NAME<br><b>D MARCUS, DAVID</b><br>STREET ADDRESS<br><b>245 GOLDEN BEACH DRIVE</b><br>CITY-STATE-ZIP<br><b>GOLDEN BEACH, FL 33160</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete | TITLE NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br><b>D SILVERMAN, ADAM</b><br>STREET ADDRESS<br><b>1909 MAYO STREET</b><br>CITY-STATE-ZIP<br><b>HOLLYWOOD, FL 33020</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete | TITLE NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete | TITLE NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete | TITLE NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete | TITLE NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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 changed, or on an attachment with an address, with all other like empowered. |                                 |                                                                                                                       |                                                                   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | DATE <b>2/8/06</b> 305-892-2628                                                                                       |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | DATE                                                                                                                  |                                                                   |