2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000144750

Entity Name: OCEAN BREEZE COOLING INCORPORATED

FILED Mar 21, 2006 Secretary of State

Littly Name: OCLAN BR	LEZE COOLING INCORPOR	KATED		
Current Principal Place of Business:		New Principal Place of Business:		
2182 SE BOWIE STREET PORT SAINT LUCIE, FL 3	4952 US			
Current Mailing Address:		New Mailing Address:		
2182 SE BOWIE STREET PORT SAINT LUCIE, FL 3	4952 US			
FEI Number: 20-3684311	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
RIZZO, MELISSA 2182 SE BOWIE STREET PORT SAINT LUCIE, FL 3	4952 US			
The above named entity sul in the State of Florida.	omits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent			Date	

Title:

City-St-Zip:

OFFICERS AND DIRECTORS:

() Delete

PV D

Title:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PORT SAINT LUCIE, FL 34952 US

(X) Change () Addition

RIZZO, CHRISTOPHER T SENIOR RIZZO, CHRISTOPHER T SENIOR Name: Name: 2182 SE BOWIE STREET Address: 2182 SE BOWIE STREET Address: City-St-Zip: PORT SAINT LUCIE, FL 34952 US City-St-Zip: PORT SAINT LUCIE, FL 34952 US Title: ST D () Delete Title: SD (X) Change () Addition Name: RIZZO, MELISSA Name: RIZZO, MELISSA Address: 2182 SE BOWIE STREET Address: 2182 SE BOWIE STREET PORT SAINT LUCIE, FL 34952 US PORT SAINT LUCIE, FL 34952 US City-St-Zip: City-St-Zip: Title: Title: () Delete V D () Change (X) Addition Name: Name: REYNOLDS, PAUL A Address: 1726 DUMA TERRACE Address City-St-Zip: City-St-Zip: PORT SAINT LUCIE, FL 34952 US Title: () Delete Title: ΤD () Change (X) Addition REYNOLDS, MICHELLE L Name: Name: Address: Address: 1726 DUMA TERRACE

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER T. RIZZO P D 03/21/2006