2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167001

Entity Name: LIFE OCEANIC, INC.

City-St-Zip:

FILED Apr 10, 2007 Secretary of State

Entity Na	me: LIFE OC	EANIC, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
5815 N US HIGHWAY 41 APOLLO BEACH, FL 33572				10909 US HWY 41 S GIBSONTON, FL 33534		
Current N	lailing Addre	ss:	New Maili	New Mailing Address:		
5815 N US HIGHWAY 41 APOLLO BEACH, FL 33572			10909 US HWY 41 S GIBSONTON, FL 33534			
FEI Number	: 71-0993198	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:	
3030 95TH	., SHARON R H DRIVE E , FL 34219	US				
	e named entity e of Florida.	submits this statement for the	e purpose of changing i	ts registered	office or registered agent, or both	
SIGNATUI	RE:					
		nic Signature of Registered A	gent		Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (BENEFIEL, SH 3030 95TH DF PARRISH, FL	IVE E	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (ROMAN, LAUF 2604 40TH AV BRADENTON,	ENUE W	Title: Name: Address: City-St-Zip:	HALLIER, DIA	CK RUN LANE	
Title: Name: Address: City-St-Zip:	S (MACARTHUR, 2604 40TH AV BRADENTON,	ENUE W	Title: Name: Address: City-St-Zip:	S (BENEFIEL, S 3030 95TH D PARRISH, FL	RIVE E	
Title: Name:	() Delete	Title: Name:	T (BENEFIEL, J		

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.

City-St-Zip: PARRISH, FL 34219

SIGNATURE: SHARON R BENEFIEL P 04/10/2007