


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90094 021 \*\*\*150.00

**DOCUMENT # P06000031038**

1. Entity Name  
**OCEAN BAY CORP**



Principal Place of Business  
**4306 GINGER COVE DR**  
**#C**  
**TAMPA, FL 33634 US**

Mailing Address  
**4306 GINGER COVE DR**  
**#C**  
**TAMPA, FL 33634 US**

**40073230**

2. Principal Place of Business - No P.O. Box #  
**6432 Wilshire Dr.**

3. Mailing Address  
**6432 Wilshire Dr.**

Suite, Apt. #, etc.



04122007 Chg-P CR2E034 (12/06)

City & State  
**Tampa, FL 33615**

City & State  
**Tampa, FL**

Zip  
**33615** Country  
**USA**

Zip  
**33615** Country  
**USA**

4. FEI Number  
**20-4417885**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PENA, CARLOS**  
**4306 GINGER COVE DR**  
**#C**  
**TAMPA, FL 33634**

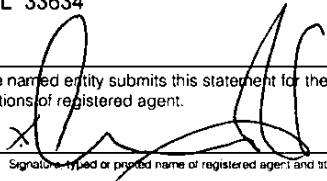
7. Name and Address of New Registered Agent:

Name **Carlos Pena**

Street Address (P.O. Box Number is Not Acceptable)  
**6432 Wilshire Dr**

City **Tampa** FL Zip Code **33615**

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 **4/11/07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PENA, CARLOS</b> <b>4306 GINGER COVE DR #C</b> <b>TAMPA, FL 33634</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Pena, Carlos</b> <b>6432 Wilshire Dr.</b> <b>Tampa FL 33615</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 of 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 **4/11/07** (813) 720-0212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR