2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State
02-25-2008 90065 024 ***150.00

DOCUMENT # P06000060654

1. Entity Name

OCEANGROWN, INC.

Principal Place of Business	Mailing Address
~~6422 SEAGATAE AVE.~~ ~~SARASOTA FL 34231~~	~~P.O. BOX 20604~~ ~~SARASOTA FL 34276~~ ~~US~~

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7453 Commercial Circle	7453 Commercial Circle
Suite, Apt. #, etc.: Unit C	Suite, Apt. #, etc.: Unit C
City & State: Fort Pierce, FL	City & State: Fort Pierce, FL
Zip: 34951 Country: USA	Zip: 34951 Country: USA

4. FEI Number 20-5251795 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~WESTON, JAMES W~~ ~~6422 SOUTHGATE AVE.~~ ~~SARASOTA FL 34231~~ John S. Hartman 7453 Commercial Circle Unit C Fort Pierce, FL 34951 USA	Name: John S. Hartman Street Address (P.O. Box Number is Not Acceptable): 7453 Commercial Circle Unit C City: Fort Pierce FL Zip Code: 34951

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: [signature] 2/14/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES HARTMAN, JOHN S 6422 SEAGATE AVE. SARASOTA FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES HARTMAN, JOHN S 7453 Commercial Circle, Unit C Fort Pierce, FL 34951	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC WESTON,, JAMES W 6422 SEAGATE AVE SARASOTA FL 34231	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC/TREAS MELVILLE, DAVID B. 7453 Commercial Circle, Unit C Fort Pierce, FL 34951	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA MELVILLE, DAVID B 6422 SEAGATE AVE. SARASOTA FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] DAVID B. MELVILLE 12 26 '08 239-989-6969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #