

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000054941

FILED
Jan 05, 2009
Secretary of State

Entity Name: OCEAN MIST COSMETICS, INC.

Current Principal Place of Business:

7153 NICHOLSON DRIVE
MOLINO, FL 32577

New Principal Place of Business:

Current Mailing Address:

7153 NICHOLSON DRIVE
MOLINO, FL 32577

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIRLAY, BENNIE E
7153 NICHOLSON DRIVE
MOLINO, FL 32577 US

Name and Address of New Registered Agent:

FINLAY, BENNIE E
7153 NICHOLSON DRIVE
MOLINO, FL 32577 US

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.

SIGNATURE: BENNIE FINLAY

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: FINLAY, BENNIE E
Address: 7153 NICHOLSON DRIVE
City-St-Zip: MOLINO, FL 32577

Title: D () Delete
Name: FINLAY, LEAH C
Address: 7153 NICHOLSON DRIVE
City-St-Zip: MOLINO, FL 32577

Title: T () Delete
Name: FINLAY, BRENDAL C
Address: POST OFFICE BOX 635
City-St-Zip: GONZALEZ, FL 32560

Title: D () Delete
Name: HICKSON, ELOISE
Address: 7153 NICHOLSON DRIVE
City-St-Zip: MOLINO, FL 32577

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BENNIE FINLAY

C

01/05/2009

Electronic Signature of Signing Officer or Director

Date