2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069677

Entity Name: BLUE OCEAN INSURANCE INC.

FILED Mar 24, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
	RIDAN ST, ST DOD, FL 3302				
Current Mailing Address:			New Mailing Address:		
	RIDAN ST, ST DOD, FL 3302				
FEI Number: 26-3094334 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
601 N 28T HOLLYWO	DOD, FL 3302 named entity e of Florida.	0 US	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATO		nic Signature of Registered Ag	gent	 Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	AMADOR HER 601 N 28TH AV) Delete RERA, VIOLETA /E , FL 33020 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HERNANDEZ I 601 N 28TH AV) Delete POTURAY, SANDOR /E , FL 33020 US	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: SANDOR HERNANDEZ POTURAY

VP

03/24/2009