

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000086895

FILED
Apr 18, 2009
Secretary of State

Entity Name: BLUE OCEAN HEALTH AND LIFE INSURANCE CORP

Current Principal Place of Business:

654 WOODGATE CIRCLE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

654 WOODGATE CIRCLE
WESTON, FL 33326

New Mailing Address:

FEI Number: 26-3396868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARIA EUGENIA OCHOA, PA
2025 SACRAMENTO
WESTON, FL 33326 US

Name and Address of New Registered Agent:

MARIA EUGENIA OCHOA, PA
313 S KETCH DRIVE
WESTON, FL 33326 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: MARIA EUGENIA OCHOA

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ECHEVERRY, JUAN C
Address: 654 WOODGATE CIRCLE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ECHEVERRI, JUAN C
Address: 654 WOODGATE CIRCLE
City-St-Zip: WESTON, FL 33326

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: JUAN C. ECHEVERRI

P

04/18/2009

Electronic Signature of Signing Officer or Director

Date