

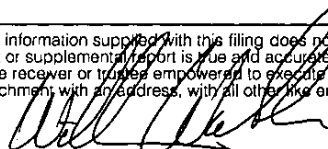


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000014521			
1. Entity Name OCEAN PROPERTIES CAPITAL CORPORATION			
Principal Place of Business 1001 EAST ATLANTIC AVE., STE 202 DELRAY BEACH, FL 33483 US		Mailing Address 1000 MARKET STREET BLDG 1 PORTSMOUTH, NH 03802 US	
DO NOT WRITE IN THIS SPACE			
		01042007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0559165	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000676242 03/30/07-80050-025 150.00	
TITLE	D	DO NOT WRITE IN THIS SPACE	
NAME	WALSH, MARK		
STREET ADDRESS	1001 EAST ATLANTIC AVE., STE 202		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		
TITLE	D		
NAME	WALSH, MICHAEL		
STREET ADDRESS	1001 EAST ATLANTIC AVE., STE 202		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		
TITLE	D		
NAME	WALSH, WILLIAM		
STREET ADDRESS	1000 MARKET STREET BLDG 1		
CITY-ST-ZIP	PORTSMOUTH, NH		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 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: 		1/26/07 (603)559-2100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William Walsh, Director		Date Daytime Phone #	