2008 FOR PROFIT CORPORATION

FILED Apr 25, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P94000021613 1. Entity Name OCEAN CLUB SPORTSWEAR, INC. Principal Place of Business Mailing Address **403 N ATLANTIC AVE 403 N ATLANTIC AVE** DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 01292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3224342 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MAMANE, EVA DO NOT WRITE 1420 N. ATLANTIC AVE #1902 IN THIS SPACE DAYTONA BEACH, FL 32118 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be V000000921909 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 05/15/08-80026-008 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME MAMANE, EVA STREET ADDRESS 1420 N. ATLANTIC AVENUE, #1902 CITY-ST-ZIP DAYTONA BEACH, FL 32118 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

> umac SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #