

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90195 027 \*\*\*150.00

DOCUMENT # P94000034044



1. Entity Name  
 OCEAN PIZZA, INC.

Principal Place of Business  
 2756 N.E. 18TH ST.  
 FT. LAUDERDALE, FL 33305

Mailing Address  
 2756 N.E. 18TH ST.  
 FT. LAUDERDALE, FL 33305

2. Principal Place of Business - No P.O. Box #  
 2911 NE 43 ST.

3. Mailing Address  
 2911 NE 43 ST.

Suite, Apt. #, etc.

City & State  
 Ft. Lauderdale, FL.

City & State  
 Ft. Lauderdale, FL.

Zip Country  
 33308 USA

Zip Country  
 33308 USA

04162007 Chg-P CR2E034 (12/06)



4. FEI Number  
 65-0526431

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DAWSON, DOUG  
 2756 N.E. 18TH ST.  
 FT. LAUDERDALE, FL 33305

7. Name and Address of New Registered Agent  
 Name William Dawson  
 Street Address (P.O. Box Number is Not Acceptable)  
 2911 NE 43 ST.  
 City Ft. Lauderdale FL Zip Code 33308

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 *William B Dawson* DATE 4-17-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAWSON, DOUG	
STREET ADDRESS	2756 N.E. 18TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Dawson	
STREET ADDRESS	2911 NE 43 ST.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *William B Dawson* DATE: 4-17-07 (954) 3907251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #