

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90007 040 \*\*\*150.00

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01242008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P94000034044</b> 1. Entity Name <b>OCEAN PIZZA, INC.</b>					
Principal Place of Business <b>2911 NE 43RD ST. FORT LAUDERDALE, FL 33308 US</b>				Mailing Address <b>2911 NE 43RD ST. FORT LAUDERDALE, FL 33308 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2756 NE 18 ST.</b>		3. Mailing Address <b>2756 NE 18 ST.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Ft. Lauderdale FL</b>		City & State <b>Ft. Lauderdale, FL</b>		4. FEI Number <b>65-0526431</b>	
Zip <b>33305</b>		Country <b>Broward</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33305</b>		Country <b>Broward</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DAWSON, WILLIAM 2911 NE 43RD ST. FORT LAUDERDALE, FL 33308</b>				7. Name and Address of New Registered Agent Name <b>DOUG DAWSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>2756 NE 18 ST.</b> City <b>Ft. Lauderdale FL</b> Zip Code <b>33305</b>	
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 <u>Douglas J. Dawson</u> DATE <u>3/10/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAWSON, WILLIAM 2911 NE 43RD ST. FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAWSON DOUG 2756 NE 18 ST. Ft. Lauderdale, FL 33305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u>Doug Dawson</u> <u>President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/10/08</u> <u>9545294151</u> <small>Date Daytime Phone #</small>		