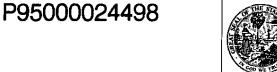
FILED

Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90368 021 ***150.00



OCEAN GIFTS, INC. Principal Place of Business Mailing Address 4001 A1A BEACH BLVD 4001 A1A BEACH BLVD The second secon ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3324424 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AVITAL, DANIEL Street Address (P.O. Box Number is Not Acceptable) 4001 A1A BEACH BLVD ST. AUGUSTINE FL 32084 City Zip Code 8. The above named thity 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 DATE ignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete MOUSE, BETTY JAN NAME NAME 4001 A1A S. STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 32084 CITY-ST-ZIP CITY-ST-ZIP TITLE VSD TITLE ☐ Change ☐ Addition Delete NAME AVITAL, SHULA NAME STREET ADDRESS 4001 A1A S. STREET ADDRESS ST AUGUSTINE FL 32084 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITI F ☐ Change 4001 AIA Brach Blud. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Date

Daytima Phone #

☐ Change

■ Addition