2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 08:00 AM Secretary of State **DOCUMENT # P95000040446** OCEAN RAIDER, INC. Principal Place of Business Mailing Address ABC BOOKKEEPING 2238 SW 34 ST. DANIA, FL 33312 4435 SW 26TH AVE FORT LAUDERDALE, FL 33312 US CR2E034 (11/05) 04202006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0573767 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANCINI, FRANK J DO NOT WRITE 2128 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (MOTE: Repostered Agent expenture required which renetating) DATE FILE NOWILL FEE IS \$150,00 After May 1, 2006 Fee will be \$550,00 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Feas OFFICERS AND DIRECTORS 10. mle NAME ANGERMEYER, JOHN 2238 S.W. 34 STREET STREET ACCORESS SHY-ST-ZIP DANIA, FL U00000556030 05/16/06-80057-015 150.00 HARAT STREET ADDRESS CITY-ST-ZIP 3373 F NAME STREET ACCRESS DO NOT WRITE CLTY-ST-ZIP MLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-DP TITLE MANTE

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 of the receiver or tostoc 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 go address, with all other like empowered.

SIGNATURE:

STRLET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF MIGHING OPPIORS ON DIRECTOR

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