

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90215 010 ***150.00

DOCUMENT # P95000040446					
1. Entity Name OCEAN RAIDER, INC.					
Principal Place of Business 2238 SW 34 ST. DANIA, FL 33312			Mailing Address ABC BOOKKEEPING 4435 SW 26TH AVE FORT LAUDERDALE, FL 33312 US		
2. Principal Place of Business - No P.O. Box # 2968 Ravenswood Rd			3. Mailing Address 2968 Ravenswood Rd		
Suite, Apt. #, etc. #102			Suite, Apt. #, etc. #102		
City & State Ft Lauderdale Fl			City & State Ft Lauderdale Fl		
Zip 33312		Country US		Zip 33312	
Country US		4. FEI Number 65-0573767			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MANCINI, FRANK J 2128 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANGERMEYER, JOHN 2238 S.W. 34 STREET DANIA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2968 Ravenswood Rd #102 Ft Lauderdale Fl 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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>JOAN ANGERMEYER</u> 4/24/07 9545877512					