2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2007 8:00 am Secretary of State

	AIIII			_ Secretary or State	
DOCUMENT #P95000044281 1. Entity Name OCEAN RESORT MANAGEMENT, INC.				04-11-2007 90028 044 ***150.00	
	<u> </u>		The state of the s		
Principal Plac 453 SOUTH ORMOND BE	e of Business ATLANTIC AVE ACH, FL 32176	Mailing Address 453 SOUTH ATLANTIC'A ORMOND BEACH, FL 3	WE. 2176		<i>i</i> ,
Principal Place of Business - No P.O. Box # Mailing Address			·		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03122007 Chg-P CR2E034 (12/06)	
City & Stat	îe -	City & State		4. FEI Number Applied 59-3330752 Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	al .
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
DDOMAL	MALLACE M		Name -		
BROWN, WALLACE M 453 S ATLANTIC AVE ORMOND BEACH, FL 32176			Street Addres	ss (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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FIL After M	E NOWII! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai Trust Fund Cont		\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11
TITLE	PM	☐ Delete	TITLE	☐ Change	Addition
STREET ADDRESS	BROWN, WALLACE M 3941 S PENINSULA DR		NAME STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL		CITY-ST-ZIP		
TITLE	VPST	☐ Delete	TITLE	Change	Addition
NAME	BROWN, MARY		NAME		
STREET ADDRESS CITY-ST-ZIP	3941 S PENINSULA DR DAYTONA BEACH, FL		STREET ADDRESS CITY-ST-ZIP		
TITLE	DATTONA BEACH, TE	Delete	TITLE	☐ Change ☐	Addition
NAME		L Celeta	NAME		Audillott
STREET ADDRESS	į		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
NAME		☐ Delete	TITLE NAME	☐ Change ☐	Addition
STREET ADDRESS	\		STREET ADDRESS		
CITY+ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Change	Addition
NAME OTREET ADDRESS			NAME CTREET LEGISCO		
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP		į
TITLE		☐ Delete	TITLE	☐ Change ☐	Addition
NAME		FT Delete	NAME	_ onange _	, ,00113011
STREET ADDRESS			STREET ADORESS		i

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: WITHOUT P. M. JU. THE SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR 386 672 73 73 Daytime Phone #