2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 14, 2008 08:00 AM Secretary of State DOCUMENT # P95000086821 1. Entity Name OCEAN FLOORS OF THE KEYS, INC. Principal Place of Business Mailing Address 56363 VALHALLA ISLAND MARATHON FL 33050 POST OFFICE BOX 501882 MARATHON FL 33050 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 65-0619650 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INGHRAM, JOANN B Street Address (P.O. Box Number is Not Acceptable) 6805 OVERSEAS HIGHWAY MARATHON FL 33050 City 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 colligations of registered agent. SIGNATURE Signature, typed or printed learne of regulared higers and tale if applicable. (NOTE: Registered Agent is gnature required whom reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE ☐ Delete Addition NAME KEAN, CHARLES E U00000827226 NAME 02/21/08-80083-002 150.00 STREET ADDRESS 56363 VALHALLA ISLAND STREET ADDRESS MARATHON FL 33050 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY - ST - ZiP THLE Deiete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Derete TITLE Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZF CITY - ST- ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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:

FILED