2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005
Secretary of State

DOCUMENT# P96000049668

Entity Name: OCEAN DRIVE PROPERTIES, INC.

Current Principal Place of Business:

6898 SOUTHWEST 130 TERRACE
PINE CREST, FL 33156

New Principal Place of Business:

6898 SOUTHWEST 130 TERRACE
PINECREST, FL 33156

Current Mailing Address:

6898 SOUTHWEST 130 TERRACE
PINE CREST, FL 33156

New Mailing Address:

6898 SOUTHWEST 130 TERRACE
PINECREST, FL 33156

FEI Number: 65-0671007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MAZZARESE, JOSEPH ANTHONY
Address: 6898 SOUTHWEST 130 TERRACE
City-St-Zip: PINE CREST, FL 33156

Title: STD ( ) Delete
Name: MAZZARESE, NEYSA NELMS
Address: 6898 SOUTHWEST 130 TERRACE
City-St-Zip: PINE CREST, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MAZZARESE, JOSEPH ANTHONY
Address: 6898 SOUTHWEST 130 TERRACE
City-St-Zip: PINECREST, FL 33156

Title: STD (X) Change ( ) Addition
Name: MAZZARESE, NEYSA NELMS
Address: 6898 SOUTHWEST 130 TERRACE
City-St-Zip: PINECREST, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH ANTHONY MAZZARESE PD 03/21/2005

Electronic Signature of Signing Officer or Director Date