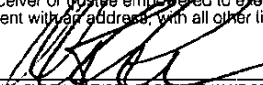


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
06 FEB 22 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000048313 1. Entity Name OCEAN REEF MARINE SERVICES, INC.					
Principal Place of Business 35 OCEAN REEF DRIVE STE. 200 KEY LARGO, FL 33037			Mailing Address 35 OCEAN REEF DRIVE STE. 200 KEY LARGO, FL 33037		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LUBAN, KENNETH A 35 OCEAN REEF DRIVE STE. 200 EO KEY LARGO, FL 33037			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 ASTBURY, PAUL M.G. 35 OCEAN REEF DRIVE, SUITE 200 KEY LARGO, FL 33037	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CARDER, SUZANNE C 35 OCEAN REEF DRIVE, SUITE 200 KEY LARGO, FL 33037	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LUBAN, KENNETH A 35 OCEAN REEF DRIVE, SUITE 200 KEY LARGO, FL 33037	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 my address, with all other like empowered.					
SIGNATURE:  KENNETH A. LUBAN, VPS, 2/2/06 305-367-5850 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



02022006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0765492** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

FL Zip Code

200066828822
02/28/06--01050--001 **200.00