

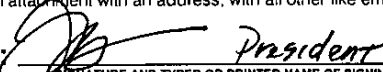


**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

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02-27-2006 90123 001 ****30.00
02-27-2006 90123 002 ****60.00
02-27-2006 90123 003 ****60.00
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<b>DOCUMENT # P97000065317</b>		<b>Secretary of State</b> 02-27-2006 90123 001 ****30.00 02-27-2006 90123 002 ****60.00 02-27-2006 90123 003 ****60.00	
1. Entity Name <b>OCEAN HARBOUR ESTATES AT OCEAN RIDGE, INC.</b>			
Principal Place of Business 1200 S ROGERS CIR. #11 BOCA RATON, FL 33487 US		Mailing Address 1200 S ROGERS CIR. #11 BOCA RATON, FL 33487 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01192006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0770970 Applied For Not Applicable	
6. Name and Address of Current Registered Agent  POPKIN & SHURPIN, P.A. 2499 GLADES RD., SUITE 114 BOCA RATON, FL 33431		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE PD NAME ALBANESE, LEONARD A STREET ADDRESS 1200 S ROGERS CIR. #11 CITY-ST-ZIP BOCA RATON, FL 33487		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE DVS NAME POPKIN, EDWARD D STREET ADDRESS 2499 GLADES RD, STE 114 5355 Town Center Rd CITY-ST-ZIP BOCA RATON, FL 33486 Suite #801			
TITLE DT NAME HOWELL, MICHAEL J STREET ADDRESS 1200 W GLADES RD 1200 S. Rogers Circle #11 CITY-ST-ZIP BOCA RATON, FL 33432-33487			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  President		Date 2-14-06 561-994-1375	