
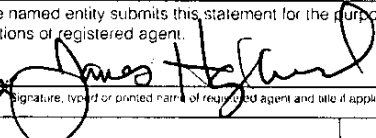
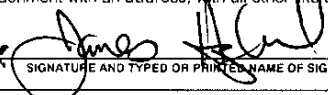


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

06-09-2006 90003 008 ***150.00

DOCUMENT # P98000065400			
1. Entity Name OCEAN CITY GRAPHICS, INC.			
Principal Place of Business 1705 S. FEDERAL HIGHWAY SUITE A-5 DELRAY BEACH, FL 33483		Mailing Address 1705 S. FEDERAL HIGHWAY SUITE A-5 DELRAY BEACH, FL 33483	
2. Principal Place of Business 1025 S. DIXIE HIGHWAY Suite, Apt. #, etc.		3. Mailing Address 1025 S. DIXIE HIGHWAY Suite, Apt. #, etc.	
City & State DELRAY BEACH, FLORIDA Zip 33483 Country U.S.A.		City & State DELRAY BEACH, FLORIDA Zip 33483 Country U.S.A.	
4. FEI Number 65-0854128		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAZELWOOD, JAMES 1705 S. FEDERAL HIGHWAY SUITE A-5 DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name JAMES HAZELWOOD Street Address (P.O. Box Number is Not Acceptable) 1025 S. DIXIE HIGHWAY City DELRAY BEACH FL Zip Code 33483	
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:  DATE: 6/5/06			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZELWOOD, JAMES 1705 S. FEDERAL HIGHWAY SUITE A-5 DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, T JAMES HAZELWOOD 1025 S. DIXIE HIGHWAY DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 6/5/06 Daytime Phone #	

JUN 09 2006



05312006 Chg-P CR2E034 (11/05)