2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

DOCUMENT # P98000077163 1. Entity Name OCEAN ATLANTIC DEVELOPMENT INC.					05-03-2005	90100 050 ***15	0.00	
Principal Plac		Mailing Address						
27 S ORCHARD ST. 62 E. GRANADA BLVD STE. B ORMOND BEACH. FL 32176			176		• •			
STE. B ORMOND BEACH, FL 32176 ORMOND BEACH, FL 32174			170					
2 Principal Place of Business 3 Mailing Address								
2. Principal Place of Business 3. Malling Address 299 W. BRANADA BLVD 299 W. BRANADA BLVD				LVD		<u> </u>		
		Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE B		Chg-P	CR2E034 (10/03)		
City & Stat		City & State ORMOND B	SFACN	4. FEI Numb		⊢	plied For	
Zip	Country	Zip 32174	Country		of Status Desired	□ \$8.75 Add		
32/74 USA 32/74 US 6. Name and Address of Current Registered Agent				<u></u>	Address of New F	Fee Require	<u>d</u>	
	Of Italia and Addition of Garrons	logistation rigotit	Name		- · · · · · · · · · · · · · · · · · · ·	 		
					SSCEPT, VINCEPT ss (P.O. Box Number is Npt Acceptable)			
				Address (P.O. Box Number is Not Acceptable) 99 W. GRANADA BWD.				
ORMOND BEACH, FL 32174			City	SUITEB				
				RMOND BEACH FL Zip Code 32174				
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								
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: WILLIAM C. HUNSON 4177 05 386.676.0105