
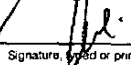



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 15, 2007 8:00 am**  
**Secretary of State**

06-15-2007 90023 001 \*\*\*300.00

<b>DOCUMENT # P98000096107</b> 1. Entity Name <b>OCEAN BAY REALTY, INC.</b>					
Principal Place of Business <b>11921 S. DIXIE HWY. SUITE 202 MIAMI, FL 33156 US</b>			Mailing Address <b>11921 S. DIXIE HWY. SUITE 202 MIAMI, FL 33156 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3284 NE 211 Terr</b>			3. Mailing Address <b>P.O. Box 80-1504</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>Aventura, FL</b>			City & State <b>Aventura FL</b>		
Zip <b>33180</b>			Zip <b>33180</b>		
Country 			Country 		
4. FEI Number <b>65-0876720</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>MARLIN, RICHARD PRES. 3142 NE 212 STREET AVENTURA, FL 33180</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3284 NE 211 Terr.</b> City <b>Aventura</b> <b>FL</b> Zip Code <b>33180</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:  DATE: <b>5/17/2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		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	<b>P</b> <b>MARLIN, RICHARD PRES.</b> <b>3142 NE 212 STREET</b> <b>AVENTURA, FL 33180</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3284 NE 211 Terr</b> <b>Aventura FL 33180</b>	<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: <b>5/17/2007</b> Daytime Phone #		