2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000008971

Entity Name: OCEANBOY FARMS, INC.

FILED Jul 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2954 AIRGLADES BLVD. CLEWISTON, FL 33440 US **Current Mailing Address: New Mailing Address:** 2954 AIRGLADES BLVD CLEWISTON, FL 33440 US FEI Number: 65-1093919 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAX CO 50 NORTH LAURA STREET, 3300 JACKSONVILLE, FL 32202 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRES () Delete Title: (X) Change () Addition Name: BOND, PETER D PRES Name: BOND, PETER D CEO/D 2954 AIRGLADES BLVD 2954 AIRGLADES BLVD Address: Address: City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: CLEWISTON, FL 33440 **VPTS** Title: Title: () Delete (X) Change () Addition Name: HAYES, THOMAS J VP/T/S Name: HAYES, THOMAS J CFO 2954 AIRGLADES BLVD 2954 AIRGLADES BLVD Address: Address: CLEWISTON, FL 33440 US CLEWISTON, FL 33440 US City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title: SRVP MOGOLLON, J MICHAEL VP MOGOLLON, J MICHAEL SRVP Name: Name: 2954 AIRGLADES BLVD 2954 AIRGLADES BLVD Address: Address: CLEWISTON, FL 33440 US City-St-Zip: CLEWISTON, FL 33440 US City-St-Zip: Title: VΡ () Delete Title: () Change () Addition DANIEL, EDDY VP Name: Name: Address: 2954 AIRGLADES BLVD Address: City-St-Zip: CLEWISTON, FL 33440 US City-St-Zip: Title: Title: () Delete **PRES** (X) Change () Addition ASH, FREDERICK D Name: WALTON, STEVEN P COO/D Name: 2954 AIRGLADES BLVD Address: 2954 AIRGLADES BLVD Address: City-St-Zip: CLEWISTON, FL 33440 US City-St-Zip: CLEWISTON, FL 33440 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address: City-St-Zip:

SIGNATURE: THOMAS J. HAYES CFO 07/26/2005

() Delete

WARNER, D. MICHAEL D

CLEWISTON, FL 33440 US

2954 AIRGLADES BLVD

Title:

Name:

Address:

City-St-Zip:

() Change () Addition