2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# P99000008971

Entity Name: OCEANBOY FARMS, INC.

Current Principal Place of Business:

2954 AIRGLADES BLVD.
CLEWISTON, FL 33440 US

New Principal Place of Business:

Current Mailing Address:

2954 AIRGLADES BLVD.
CLEWISTON, FL 33440 US

New Mailing Address:

FEI Number: 65-1093919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAX CO.
50 NORTH LAURA STREET, 3300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Title: CEO ( ) Delete
Name: BOND, PETER D DIR.
Address: 2954 AIRGLADES BLVD
City-St-Zip: CLEWISTON, FL 33440

Title: PRES ( ) Delete
Name: BOND, PETER D
Address: 2954 AIRGLADES BLVD
City-St-Zip: CLEWISTON, FL 33440 US

Title: CFO ( ) Delete
Name: HAYES, THOMAS J
Address: 2954 AIRGLADES BLVD
City-St-Zip: CLEWISTON, FL 33440 US

Title: SEC ( ) Delete
Name: BOND, PETER D TRES
Address: 2954 AIRGLADES BLVD
City-St-Zip: CLEWISTON, FL 33440 US

Title: DIR ( ) Delete
Name: WARNER, DAVID M
Address: 2954 AIRGLADES BLVD
City-St-Zip: CLEWISTON, FL 33440 US

Title: CSO ( ) Delete
Name: MCMAHON, DAVID Z DIR
Address: 2954 AIRGLADES BLVD
City-St-Zip: CLEWISTON, FL 33440 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CHM (X) Change ( ) Addition
Name: WARNER, DAVID M DIR
Address: 2954 AIRGLADES BLVD
City-St-Zip: CLEWISTON, FL 33440 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: PETER D. BOND CEO 04/20/2007

Electronic Signature of Signing Officer or Director — Date