2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# P99000064532

Entity Name: OCEAN INSURANCE MANAGEMENT, INC.

Current Principal Place of Business:

600 N WESTSHORE BLVD
STE 202
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

600 N WESTSHORE BLVD
STE 202
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3587826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROWLAND, BARRY
600 N WESTSHORE BLVD
STE 202
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

ROWLAND, BARRY A
600 N WESTSHORE BLVD
STE 202
TAMPA, FL 33609 US

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: BARRY A. ROWLAND 01/04/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: ROWLAND, BARRY A
Address: 4409 W EL PRADO BLVD
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ROWLAND, BARRY A
Address: 600 N. WESTSHORE BLVD, SUITE 202
City-St-Zip: TAMPA, FL 33609

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.

SIGNATURE: BARRY A. ROWLAND PRES 01/04/2005
Electronic Signature of Signing Officer or Director Date