ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # S11851

OCEANIC ENDEAVOURS INCORPORATED



FILED Apr 07, 2008 0 Secretary of

Applied For

Not Applicable

Principal Place of Business

140 SCENIC MAGNOLIA DR DELAND, FL 32724 US Mailing Address

C/O ACCOUNTING & BUSINESS CONSLT. INC. 1535 SE 17TH ST., B206

FORT LAUDERDALE, FL 33316

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	THE REPORT OF THE PROPERTY OF		
03292008	No Chg-P	CR2E034 (11/05)	

FEI Number

65-0224245

\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, FRANKLIN W., JR. DO NOT WRITE 140 SCENIC MAGNOLIA DR DELAND, FL 32724 IN THIS SPACE 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 remstalling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME TAYLOR, FRANKLIN W., JR. 140 SCENIC MAGNOLIA DR STREET ADDRESS CITY-ST-ZIP DELAND, FL 32724 TITLE U00000984714 04/17/08-80055-001 150.00 NAME TAYLOR, DEBORAH A.H. STREET ADDRESS 140 SCENIC MAGNOLIA DR DELAND, FL 32724 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 ampowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #