

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V30213

FILED
Jan 08, 2008
Secretary of State

Entity Name: 1141 NORTH OCEAN, INC.

Current Principal Place of Business:

1141 N OCEAN DRIVE
SINGER ISLAND, FL 33404

New Principal Place of Business:

1141 N OCEAN DRIVE
SINGER ISLAND, FL 33404 US

Current Mailing Address:

1141 N OCEAN DRIVE
SINGER ISLAND, FL 33404

New Mailing Address:

1141 N OCEAN DRIVE
SINGER ISLAND, FL 33404 US

FEI Number: 65-0330811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTER, MARK
1141 N OCEAN DRIVE
SINGER ISLAND, FL 33404 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: WALTER, MARK,
Address: 1141 N OCEAN DRIVE
City-St-Zip: SINGER ISLAND, FL

Title: V () Delete
Name: WALTER, DIANA R
Address: 1141 N. OCEAN DRIVE
City-St-Zip: SINGER ISLAND, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARK B. WALTER

PT

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date