


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000004863

1. Entity Name  
 OCEAN WORKS INTERNATIONAL, INC.



Principal Place of Business      Mailing Address

1646 WEST SAM HOUSTON PARKWAY NORTH      1646 WEST SAM HOUSTON PARKWAY NORTH  
 HOUSTON, TX 77043      HOUSTON, TX 77043



05032005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 76-0623338      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ADAMSON, JAMES E  
 8000 SOUTH FLAGLER DRIVE  
 WEST PALM BEACH, FL 33405

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution            \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

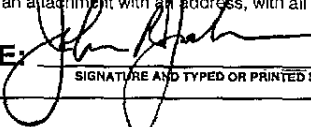
10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	JACOBSON, JOHN R
STREET ADDRESS	1646 WEST SAM HOUSTON PARKWAY NORTH
CITY-ST-ZIP	HOUSTON, TX 77043
TITLE	V
NAME	ADAMSON, JAMES E
STREET ADDRESS	8000 SOUTH FLAGLER DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	D
NAME	LITTLE, MICHAEL E
STREET ADDRESS	640 ELIZABETH RD
CITY-ST-ZIP	SAN ANTONIO, TX 78209
TITLE	D
NAME	TIDWELL, JAMES M
STREET ADDRESS	142 PLANTATION
CITY-ST-ZIP	HOUSTON, TX 77024
TITLE	D
NAME	DEMARS, BRUCE
STREET ADDRESS	2303 WINDSOR ROAD
CITY-ST-ZIP	ALEXANDRIA, VA 22307
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/09/05-80014-024 158.75

12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowered.

SIGNATURE  John R. Jacobson      05/03/05      713-933-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #