

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2005
Secretary of State**

DOCUMENT# N02000002521

Entity Name: OCEAN OUTREACH, INC.

Current Principal Place of Business:

1107 KEY PLAZA
#299
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1107 KEY PLAZA
#299
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 06-1660996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, TIM
1107 KEY PLAZA
#299
KEY WEST, FL 33040 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: D () Delete
Name: TAYLOR, TIM
Address: 6449 6TH STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: TAYLOR, ANDY D
Address: 7429 SALFORD CT.
City-St-Zip: ALEANDRIA, VA 22315

Title: D () Delete
Name: TAYLOR, DAN
Address: 70 PORTAGE RD
City-St-Zip: GOFFSTOWN, NH 03045

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM TAYLOR

DIR

01/06/2005

Electronic Signature of Signing Officer or Director

_____ Date