2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90032 026 ***150.00

DOCUMENT # P04000134884

1. Entity Name
OCEAN SIDE MARKETING, INC.

Principal Place of Business
388 WOODCHUCK AVE
TARPON SPRINGS, FL 34689

Mailing Address
388 WOODCHUCK AVE
TARPON SPRINGS, FL 34689

02162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
28407 Green Mill ct
Suite, Apt. #, etc.

3. Mailing Address
28407 Green Mill ct
Suite, Apt #, etc.

City & State: Spring, TX
Zip: 77386
Country:

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Zip: 77386
Country:

4. FEI Number: 20-1668809 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEINFELD, DEBBY
~~388 WOODCHUCK AVENUE~~ 2110 DREW ST
~~TARPON SPRINGS, FL 34689~~ CLEARWATER, FL 33765

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City: FL Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	STEINFELD, DEBBY	NAME	STEINFELD, DEBBY
STREET ADDRESS	~~388 WOODCHUCK AVENUE~~	STREET ADDRESS	28407 GREEN MILL CT
CITY-ST-ZIP	~~TARPON SPRINGS, FL 34689~~	CITY-ST-ZIP	SPRING, TX 77386
TITLE	VP ☐ Delete	TITLE	VP ☒ Change ☐ Addition
NAME	STEINFELD, DEREK	NAME	STEINFELD, DEBBY
STREET ADDRESS	~~388 WOODCHUCK AVENUE~~	STREET ADDRESS	28407 GREEN MILL CT
CITY-ST-ZIP	~~TARPON SPRINGS, FL 34689~~	CITY-ST-ZIP	SPRING, TX 77386
TITLE	SECY ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BOGART, PATRICK C	NAME	
STREET ADDRESS	790 CAMELLIA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 empowered.

SIGNATURE: _____ 3-10-06 281-288-4296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #