

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003905

FILED
Mar 08, 2007
Secretary of State

Entity Name: OCS ACQUISITION CORP.

Current Principal Place of Business:

% TAX DEPARTMENT
PO BOX 5029
BOCA RATON, FL 33431

New Principal Place of Business:

2100 OLD GERMANTOWN ROAD
DELRAY BEACH, FL 33445

Current Mailing Address:

% TAX DEPARTMENT
PO BOX 5029
BOCA RATON, FL 33431

New Mailing Address:

PO BOX 811749
BOCA RATON, FL 33481

FEI Number: 20-4867448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410 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: P () Delete
Name: TRUDNOWSKI, DAVID
Address: 2100 OLD GERMANTOWN ROAD
City-St-Zip: DELRAY BEACH, FL 33445

Title: T () Delete
Name: CENTRELLA, DAVID
Address: 2100 OLD GERMANTOWN ROAD
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP () Delete
Name: MORRIS, BILL
Address: 2100 OLD GERMANTOWN ROAD
City-St-Zip: DELRAY BEACH, FL 33445

Title: AT () Delete
Name: CRAIG, SCOTT
Address: 2100 OLD GERMANTOWN ROAD
City-St-Zip: DELRAY BEACH, FL 33445

Title: S () Delete
Name: CALKINS, STEPHEN R
Address: 2100 OLD GERMANTOWN ROAD
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: LUECHTEFELD, MONICA
Address: 2100 OLD GERMANTOWN ROAD
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: GRADY, JAMES
Address: 2100 OLD GERMANTOWN ROAD
City-St-Zip: DELRAY BEACH, FL 33445

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 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: JAMES GRADY

VP

03/08/2007

Electronic Signature of Signing Officer or Director

_____ Date