


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
06 MAR -8 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27681					
1. Entity Name OSO PROPERTIES, INC.					
Principal Place of Business P O BOX 680748 ORLANDO, FL 32868			Mailing Address P O BOX 680748 ORLANDO, FL 32868		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PROCELL, KAREN 390 N ORANGE AVE. STE. 600 ORLANDO, FL 32801				Name LT KEVIN BEHAN	
				Street Address (P.O. Box Number is Not Acceptable)	
				2500 W. COLONIAL DR	
				City ORLANDO	FL Zip Code 32802
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 <u><i>Kevin Behan</i></u>				DATE <u>2/6/2006</u>	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCELL, KAREN		NAME		
STREET ADDRESS	390 N. ORANGE AVE ST 600		STREET ADDRESS	900067977099	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	03/16/06--01021--009 **61.25	
TITLE	V	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHAN, KEVIN LT		NAME	BENAN, KEVIN	
STREET ADDRESS	2500 W COLONIAL DR		STREET ADDRESS	2500 W. COLONIAL DR.	
CITY-ST-ZIP	ORLANDO, FL 32802		CITY-ST-ZIP	ORLANDO, FL 32802	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULK, BEVERLY		NAME		
STREET ADDRESS	812 SWEETWATER ISLAND CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLNER, BETH		NAME		
STREET ADDRESS	1056 SADDLEBACK RIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	1ST VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVAULT, MEGAN		NAME	DEVAULT, MEGAN	
STREET ADDRESS	255 S ORANGE AVE		STREET ADDRESS	255 S. ORANGE AVE	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Delete	TITLE	2ND VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JASINSKI, JANA	
STREET ADDRESS			STREET ADDRESS	4000 CENTRAL FL BWD.	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32816-1360	
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 617, 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: <u><i>Kevin Behan</i></u>				DATE <u>2/6/2006</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	