

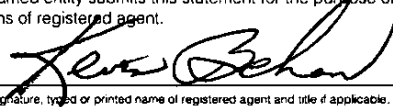
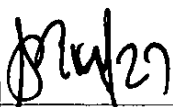
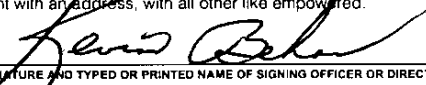


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N27681 1. Entity Name OSO PROPERTIES, INC.						FILED 07 APR 27 AM 11:43 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04112007 Chg-NP CR2E037 (12/06)			
City & State		City & State		4. FEI Number 59-2949349		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent BEHAN, KEVIN LT 2500 W COLONIAL DR ORLANDO, FL 32802				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
BEHAN, KEVIN LT 2500 W COLONIAL DR ORLANDO, FL 32802				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 		KEVIN BEHAN		4/18/07		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P PROCELL, KAREN 390 N. ORANGE AVE ST 600 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEHAN, KEVIN LT 2500 W COLONIAL DR ORLANDO, FL 32802	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800101351868 05/03/07--01016--023 **\$61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAULK, BEVERLY 812 SWEETWATER ISLAND CIRCLE LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELLNER, BETH 1056 SADDLEBACK RIDGE ROAD APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEVAULT, MEGAN 255 S ORANGE AVE ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JASINSKI, JANA 4000 CENTRAL FL BLVD ORLANDO, FL 328161360	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		4/18/07		Date		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							