

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90054 033 ***150.00

DOCUMENT # P01000087646	
1. Entity Name OUDI IS, INC.	

Principal Place of Business 1923 SE 4TH STREET CAPE CORAL, FL 33909	Mailing Address 1923 SE 4TH STREET CAPE CORAL, FL 33909
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40023692



01032007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent LARROW, PAUL L 3501 - 312 DEL PRADO BLVD CAPE CORAL, FL 33904	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
DPT OUDI, CHANDRA G 1923 SE 4TH ST CAPE CORAL, FL 33909	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
DVP OUDI, RODNEY R 1923 SE 4TH STREET CAPE CORAL, FL 33909	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
ST LARROW, PAUL L 3501 - 312 NEL AADO BLVD CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition
ST Larrow Paul L. 3501-312 Del Prado Blvd. Cape Coral, FL 33904	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 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: Rodney Oudi, **RODNEY OUDI** 2/21/07 237-772-4084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #