2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000093758

City-St-Zip:

FILED Aug 14, 2006 Secretary of State

Entity Nam	ie: OLD SEVII	LLE EXPENSE REDUCTION,	INC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
7282 PLANTATION RD 203			N OAKS DR DLA, FL 32506 US			
PENSACOL	_A, FL 32504	US				
Current Ma	ailing Address	:	New Maili	New Mailing Address:		
PO BOX 96 GULF BRE	7 EZE, FL 32562	20967 US				
FEI Number:	20-3237783	FEI Number Applied For ()	FEI Number Not Appl	olicable () Certificate of Status Desired ()		
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
BOYLES, BRENT 7282 PLANTATION RD 203 PENSACOLA, FL 32504 US			BOYLES, E 9501 SCEN PENSACO			
The above in the State		ubmits this statement for the pu	urpose of changing it	its registered office or registered agent, or both,		
SIGNATUR	E: BRENT L	BOYLES		08/14/2006		
OFFICERS	Electronic	c Signature of Registered Ager		Date NS/CHANGES TO OFFICERS AND DIRECTORS	c .	
Title: Name: Address: City-St-Zip:		Delete T WY	Title: Name: Address: City-St-Zip:	() Change () Addition) .	
Title: Name: Address: City-St-Zip:	VP () I BOYLES, TODD 3043 SKAGGS S GULF BREEZE,		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition JOHNSON, JAMES A 4738 PEBBLE CREEK DR PENSACOLA, FL 325264416 US		
Title: Name: Address:	1()	Delete	Title: Name: Address:	VP () Change (X) Addition STEPHENS, CARY Y 5722 HIGHLAND LAKE DR		

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.

City-St-Zip:

MILTON, FL 32583 US

SIGNATURE: BRENT L BOYLES P 08/14/2006