2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000046542

1. Entity Name
OAPP CORPORATION

Principal Place of Business
201 S.E. 24TH AVE.
POMPANO BEACH, FL 33062

Mailing Address
201 S.E. 24TH AVE.
POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0764288

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WITTE, LARRY F
201 S.E. 24TH AVE.
POMPANO BEACH, FL 33062

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000450666
03/10/06--80014--021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BORG, DAVID A
STREET ADDRESS	1529 VEST AVE.
CITY-ST-ZIP	NAPERVILLE, IL 60563
TITLE	D
NAME	VAN ITEN, KAREN D
STREET ADDRESS	1163 PALMETTO CT.
CITY-ST-ZIP	NAPERVILLE, IL 60540
TITLE	D
NAME	WHITNEY, LINA E
STREET ADDRESS	226 ELMWOOD DR.
CITY-ST-ZIP	NAPERVILLE, IL 60540
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: DABorg 2/20/06 630.829.5429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #