## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 6

## FILED Mar 16, 2006 08:00 AN Secretary of State

	12(4)4 4)230		<del></del>	7	Secret	ary of State	
1. Entity Nam	DOCUMENT # P97000067456 1. Entity Name O. BRISKY BOOKS, INC.			Secretary of State			
Principal Plac	e of Business	Mailing Address		}			
P O BOX 589	5	P O BOX 585		{			
CHOLOKKA E		CHOLOKKA BLVD		{			
MICANOPY, E		MICANOPY, FL 32667		}			
11110711101 171	. 4244					BENDE SING ISSU SKERL SING RITTER HEREI	
D	O NOT WRITE	CE	02222006 No Chg-P				
}	8. Name and Address of Current R	Spistered Agent	4				
BRISKY, O J CHOLOKKA BLVD. PO BOX 585 MICANOPY, FL 32667					NOT WI		
B. 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 nemo of registered apent and title if applicable (INOTE: Registered Agent signature required winds reinstating)  DATE							
でいたのでは、メンシャルの、JAP (Mark Indian) Taylor (Mark Mark Mark Indian) Mark Indian) April 2 (NOVICE、COM STORM MARK I Taylor Mark Indian) Wind (NOVICE MARK) (NOVI							
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8e After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.   Added to Fees							
10.	OFFICERS AND D	RECTORS	-1				
חזנב	D		ł				
NAME	BRISKY, O J		ì				
STREET ADDRESS	PO BOX 222		ł				
CITY-ST-ZIP	MCINTOSH, FL 32664				t homataine	of "Skiar mile"	
TITLE	)		1		LUGUUUU Saada kan ing	\$70266 80008-003 <b>150.0</b> 0	
NAME			ì		DOVEDA COL	20109_2009 tag.6g	
STREET ADDRESS			5				
CITY-ST-ZIP			1				
TITLE			1				
NAME	}		1				
STREET ADORESS	<u> </u>		1	70	NOT W	DITE	
CUTY-ST-ZIP	}		1	UU	NOT W	KHE	
TITLE		<del></del>	1	181	THIC CO	MACE	
NAME			J	113	this sp	ALE	
STREET ADDRESS	j		}				
CITY'-ST-ZIP	}		3				
TITLE	<del> </del>	<del></del>	1				
NAME	<b>[</b>		1				
STREET ADDRESS	}		Į.				
CITY-ST-ZIP	}		J				
TITLE		<del></del>	1				
NAME			}				
STREET ADORESS	<b>}</b>		Ţ				
CITY-ST-ZIP	1		}				
<u> </u>	and the the transfer of the tr	All Etting days and account 1	<u> </u>	w i= 0'	O Florida Commission	for all the second file of the second	
12. I hereby :  (ndicated	cernly that the information supplied with t i on this report or supplemental report is t	ris illing does not qualify for the ex rue and accurate and that my stone	emptions contained ture shall have the	d in Unapter 11 same legal effe	a, rionda Statutes. i l ct as il made under d	runner centry that the information ath; that I am an officer or others	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Flonda 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 other 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 changed, or on an affactory, with all other like empowered.							
] cuanged	, or on an anacomment with an address, wi	ar an upper time ettipowered.				3 <i>52</i> –	

O.J. BRISKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 MAX 06

466-3910