


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90008 020 \*\*\*150.00

**DOCUMENT # P04000113032**


1. Entity Name  
**OLI DEVELOPMENT CORP.**



Principal Place of Business <b>81001 OVERSEAS HIGHWAY          #101          ISLAMORADA, FL 33036 US</b>	Mailing Address <b>81001 OVERSEAS HIGHWAY          #101          ISLAMORADA, FL 33036 US</b>
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**DO NOT WRITE IN THIS SPACE**

40021507



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>56-2509539</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**SILVER, PATRICIA M  
 81001 OVERSEAS HIGHWAY  
 # 101  
 ISLAMORADA, FL 33036**

**DO NOT WRITE IN THIS SPACE**

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

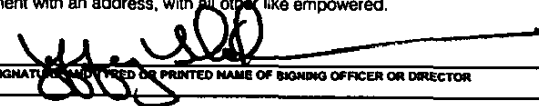
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SCHOCKET, JEFFREY I 81001 OVERSEAS HIGHWAY ISLAMORADA, FL 33036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC SILVER, PATRICIA M 81001 OVERSEAS HIGHWAY # 101 ISLAMORADA, FL 33036</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:**  \_\_\_\_\_

SIGNATURE MUST BE PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/06** **305-664-3363**  
Date Daytime Phone #