## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000127687

Entity Name: OXYGEN INTERACTIVE MEDIA, INC.

FILED May 16, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

671 NE 195TH ST

207E

NORTH MIAMI BEACH, FL 33179

Current Mailing Address: New Mailing Address:

671 NE 195TH ST 13221 97TH AVE NE

07E F-105

NORTH MIAMI BEACH, FL 33179 KIRKLAND, WA 98034

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete Title: PSTD (X) Change ( ) Addition

 Name:
 PLAZA, NICHOLAS A
 Name:
 PLAZA, NICHOLAS A

 Address:
 671 NE 195TH ST #207E
 Address:
 13221 97TH AVE NE #F105

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33179
 City-St-Zip:
 KIRKLAND, WA 98034

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 ROGER, CASANOVA
 Name:
 ROGER, CASANOVA

 Address:
 671 NE 195TH ST #207E
 Address:
 13221 97TH AVE NE #F105

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33179
 City-St-Zip:
 KIRKLAND, WA 98034

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.

SIGNATURE: NICHOLAS PLAZA PSTD 05/16/2006