2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 285163

1. Entity Name OSLO INC



FILED
Jan 16, 2007 08:00 A
Secretary of State

Principal Place of Business

695 S US HWY #1 P O BOX 1208 VERO BCH, FL 32961 Mailing Address

695 S US HWY #1 P O BOX 1208 VERO BCH, FL 32961



DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-1097317 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EGAN, JR, J.B. 695 SOUTH US HWY 1 P O BOX 1208 VERO BEACH, FL 32962

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

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, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000585760

OFFICERS AND DIRECTORS 10. TITLE SEXTON, ROBERT G. NAME STREET ADDRESS 8055 66TH AVENUE CITY-ST-ZIP VERO BEACH, FL STD TITLE EGAN III.J B NAME STREET ADDRESS 4631 9TH PLACE VERO BEACH, FL CITY-ST-ZIP

NAME SEXTON, CHARLES R. JR.
STREET ADDRESS
CITY-ST-ZIP VERO BEACH, FL

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE

12. Thereby 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 an address, with all other like empowered.

SIGNATURE:

STATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2- TEAS 1-4-07 772-

772-566-230,