2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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1. Entity Name OSLO INC



Principal Place of Business

695 S US HWY #1 P 0 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

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1097317 Applied For 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

SIGNATURE

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							
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fit Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEXTON, ROBERT G. 8055 66TH AVENUE VERO BEACH, FL				U00000783879 01/16/08-80032-011 150.00		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	STD EGAN III,J B 4631 9TH PLACE VERO BEACH, FL				01/16/08-80032-011 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEXTON, CHARLES R. JR. 4650 17TH STREETE SW VERO BEACH, FL			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP	:						
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 with an address, with all other like empowered.							