

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000004027**

1. Entity Name  
**OAG WORLDWIDE INC.**



Principal Place of Business  
**3025 HIGHLAND PARKWAY  
SUITE 200  
DOWNERS GROVE, IL 60515 US**

Mailing Address  
**3025 HIGHLAND PARKWAY  
SUITE 200  
DOWNERS GROVE, IL 60515 US**



03242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-4458455**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000489214  
04/18/06-80007-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**C  
BELL, EDDIE  
CHURCH STREET  
DUNSTABLE, BEDFORDSHIRE, UK lu5 4hb**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**M  
HIGGINS, LES  
CHURCH STREET  
DUNSTABLE, BEDFORDSHIRE, UK lu5 4hb**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
TEGLIA, CHRIS  
3025 HIGHLAND PARKWAY, SUITE 200  
DOWNERS GROVE, IL 60515**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

*Chris Teglia* **CHRIS TEGLIA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-24-06 (632) 515-3650**  
Date Secretary Phone #