


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F97000003677</b> 1. Entity Name OLY MANAGERS, INC.	
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FILED  
05 APR 14 PM 2: 33  
CLERK OF THE CIRCUIT COURT  
TALLAHASSEE, FLORIDA

Principal Place of Business 5080 SPECTRUM DRIVE, STE 1050E ADDISON, TX 75001	Mailing Address 5080 SPECTRUM DRIVE, STE 1050E ADDISON, TX 75001
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04072005 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number <b>75-2585481</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	CEOP <input type="checkbox"/> Delete
NAME	DENIGER, DAVID B
STREET ADDRESS	5080 SPECTRUM DRIVE, STE 1050E
CITY-ST-ZIP	ADDISON, TX 75001
TITLE	VS <input type="checkbox"/> Delete
NAME	SMITH, TIMOTHY B
STREET ADDRESS	5080 SPECTRUM DRIVE, STE 1050E
CITY-ST-ZIP	ADDISON, TX 75001
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	HOYL, RON J
STREET ADDRESS	5080 SPECTRUM DRIVE, STE 1050E
CITY-ST-ZIP	ADDISON, TX 75001
TITLE	VP <input type="checkbox"/> Delete
NAME	FOLK, JENNIFER
STREET ADDRESS	5080 SPECTRUM DRIVE, STE 1050E
CITY-ST-ZIP	ADDISON, TX 75001
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	ADAIR, GREGORY C
STREET ADDRESS	5080 SPECTRUM DRIVE, STE 1050E
CITY-ST-ZIP	ADDISON, TX 75001
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	LANDIN, ROBERT P
STREET ADDRESS	5080 SPECTRUM DRIVE, STE 1050E
CITY-ST-ZIP	ADDISON, TX 75001

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100053933831
STREET ADDRESS	05/06/05--01008--014 **150.00
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Timothy B. Smith 4-7-05 972-980-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Timothy B. Smith, Vice President & Secretary