

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006182

FILED
Feb 13, 2006
Secretary of State

Entity Name: OXFORD GLOBAL RESOURCES, INC.

Current Principal Place of Business:

100 CUMMINGS CENTER
206 L
BEVERLY, MA 01915

New Principal Place of Business:

Current Mailing Address:

100 CUMMINGS CENTER
206 L
BEVERLY, MA 01915

New Mailing Address:

FEI Number: 04-2838827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: RYAN, THOMAS F
Address: 206 LOCHA DR.
City-St-Zip: JUPITER, FL 33458

Title: T () Delete
Name: KELLY, EDWARD P JR.
Address: 61 HORACE ST.
City-St-Zip: NEEDHAM, MA 02494

Title: PD () Delete
Name: MCGOWAN, MICHAEL J
Address: 8 CHARLES DAVIS DR
City-St-Zip: WENHAM, MA 01984

Title: VPS () Delete
Name: ROBERT, INDRESANO D
Address: 100 CUMMINGS CENTER, SUITE 206L
City-St-Zip: BEVERLY, MA 01915

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT D. INDRESANO

VPS

02/13/2006

Electronic Signature of Signing Officer or Director

_____ Date