2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# J13060

Entity Name: OSCEOLA MANAGEMENT, INC.

Current Principal Place of Business:

101 PARK PLACE BLVD, SUITE 3
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

101 PARK PLACE BLVD, SUITE 3
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-2865521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOOLFIELD, WAYNE
1400 GRANDVIEW BLVD.
KISSIMMEE, FL 34744 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: DP ( ) Delete
Name: SCHOOLFIELD, WAYNE,
Address: 1400 GRANDVIEW BLVD.
City-St-Zip: KISSIMMEE, FL

Title: DST ( ) Delete
Name: SCHOOLFIELD, DIANNE,
Address: 1400 GRANDVIEW BLVD.
City-St-Zip: KISSIMMEE, FL 34744

Title: VPD ( ) Delete
Name: SCHOOLFIELD, BRIAN
Address: 101 PARK PLACE BLVD, SUITE 3
City-St-Zip: KISSIMMEE, FL 34741

Title: VPD ( ) Delete
Name: SCHOOLFIELD, CHERYL
Address: 101 PARK PLACE BLVD, SUITE 3
City-St-Zip: KISSIMMEE, FL 34741

Title: VPD ( ) Delete
Name: SCHOOLFIELD, KEVIN
Address: 101 PARK PLACE BLVD, SUITE 3
City-St-Zip: KISSIMMEE, FL 34741

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:

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: DIANNE SCHOOLFIELD DST 01/06/2007

Electronic Signature of Signing Officer or Director — Date