


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # K07597			
1. Entity Name OTT BUSINESS MACHINES, INC.			
2. Principal Place of Business 3500 ALOMA AVE WINTER PARK FL 32792		3. Mailing Address 3500 ALOMA AVE F8 WINTER PARK FL 32792 US	
4. State		City & State	
Country		Country	
5. Certificate of Status Desired <input type="checkbox"/>		6. FEI Number 59-2862811	
7. Name and Address of Current Registered Agent GERALD, DUNN 1502 BLACK BEAR COURT WINTER SPRINGS FL 32708		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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.			
9. Signature, types or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reappointing) DATE			




1st MOORE CR2E034 (10/05)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May C Added to Fees	
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OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P <input type="checkbox"/> Delete DUNN, GERALD M. 1502 BLACK BEAR CT WINTER SPRINGS FL 32708	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP 11000000397578 01/30/06-80054-014 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Add
ST <input type="checkbox"/> Delete DUNN, MARIE L 1502 BLACK BEAR CT WINTER SPRINGS FL 32708	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Gerald M. Dunn** **1/19/06** **407-678-2313**