

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L40142				
1. Entity Name OBG HOLDINGS, INC.				
Principal Place of Business 2749 N.E. 37TH DR. FORT LAUDERDALE, FL 33308 US	Mailing Address 1900 SUMMIT TOWER BLVD. 260 ORLANDO, FL 32810			
<b>DO NOT WRITE IN THIS SPACE</b>				
		 01252007 No Chg-P CR2E034 (11/05)		
		4. FEI Number 65-0188073 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable
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		<b>DO NOT WRITE IN THIS SPACE</b>		
OFFERDAHL, JOHN 2749 N.E. 37TH DRIVE FT. LAUDERDALE, FL 33308				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	1100000617535 02/07/07-80079-003 150.00		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP OFFERDAHL, JOHN 2749 N.E. 37TH DR. FORT LAUDERDALE, FL 33308			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST OFFERDAHL, LYNN 2749 N.E. 37TH DR. FORT LAUDERDALE, FL 33308			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP				
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: _____	 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 1/29/07 Daytime Phone #: 954.423.8101		