2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 16, 2007 8:00 am Secretary of State

	AMIOAL	1421 0141		^	JULIU	tary or b	sia	ill	
1. Entity Nam	MENT # L98975 © OAD, INC.	·				07 90024 042 **			
Principal Place	e of Business	Mailing Address	•	7 7					
29656 US-19	9 NO	29656 US/19 NO							
STE 100 CLEARWATER	R. FL 33761 US '	STE 100 CLEARWATER, FL 3370	61 US						
CLEARWATER	K, FL 33701 U3	•				EEL BUIL ERDIK GLOKE GROW GLOKE 1		I	
	lace of Business - No P.O. Box #	3. Mailing Address 2 3059 U.S.	HW14 19 N.						
Guita Ant	US.HWY 19 N.	Suite Apt. # etc.	7109 17 11						
Suite: Apt. 302		Suite Apt. #, etc.		04162007	Chg-P	CR2E034 (12	2/06)		
	water, Fr	<u> </u>	arwallr	4. FEI Number 59-303			Not	lied For Applicable	
33761-	2523 Country	33761-2523	Country U.S.A.	5. Certificate	of Status Desir	ed	5 Addit equired	ional	
، العادي	6. Name and Address of Current	Registered Agent	4.0 71	7. Name and	Address of N	ew Registered Agent			
			Name	ISTINIE. +	1. IP	<u>د</u> اري			
MINIERI, C 29656 US		Street Addre	Street Address (P.O. Box Number is Not Acceptable)						
STE 100			UC.						
CLEARWA	ATER, FL 33761	Sui +	Suite 302						
			City Cle	carvates	•	FL [길	34	61 254	
	named entity submits this statement to	r the pyrpose of changing its				of Florida. I am familia	r with, a	nd accept	
the obligati	ions of registered agent.	, D =			4127	حمار			
SIGNATURE_	Signature, typed or printed name of registered agent	and tried applicable (NOTI	E. Registered Agent signature re	and the second state of th	<u> </u>	DATE			
<u> </u>	algrature, typed or printed name or registered agent	and then approached (1901)	E. Nagistered Agent Signature re	dniso wieli i suziziciid)		DATE			
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO	OFFICERS AND DIRE	CTORS	IN 11	
TITLE	ST ,	☐ Delete	TITLE			□ c	nange	☐ Addition	
NAME STREET ADDRESS	MINIERI, CARL N 29656 US HWY 19, STE 100		NAME STREET ADDRESS						
CITY-\$1-ZIP	CLEARWATER, FL 33761		CITY-SI-ZIP						
TITLE	PST	☐ Defete	TITLE				hange	Addition	
NAME	LEWIS, CHRISTINE A	CO U.S. HUZU19	NAME	22059	115.	Hww 15	N.		
STREET ADDRESS CITY-ST-2IP	29856 US 19., STE 180 ≪ 34. CLEARWATER, FL 33761 SU	59 US. HWY19 18302 N.	STREET ADDRESS	28059 Suite	302	Hwy 19 Cleanak	GF!	ر (ع78خ	
TITLE	OLEFWARENCE COUNTY	☐ Delete	TILE	30110				Addition	
NAME			NAME					<u></u>	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			E CITY+ST+7IP				hanaa	- Addition	
NAME		☐ Delete	TITLE				hange	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE. NAME			□ c	hange	Addition Addition	
STREET ADDRESS		· 56.	STREET ADDRESS						
CITY-ST-ZIP			CrTY-ST-ZIP						
TITLE		☐ Delete	TITLE			□ c	hange	☐ Addition	
NAME STREET ADDRESS			NAME STRFET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
12 thereby	certify that the information supplied with	this filing does not qualify for	or the exemptions conta	ained in Chapter 11	9, Florida Statu	tes. I further certify that	it the inf	ormation	
indicated of the cor	for this report or supplemental report is reporation or the receiver or trustee emp-	s true and accurate and that i owered to execute this report	my signature shall have , as required by Chapte	the same legal effe ir 607, Florida Statuli	at as if made ur es; and that my	nder oath; that I am an name appears in Bloc	officer of k 10 or l	or director Block 11 if	
changed	, or on an attact ment with an address	with all otile like empowered			•	ı	_	727	
SIGNAT	TURE: Woodal (1)	· Fring H	asalot ('H	RISTINE L	EWIS P	res. 41271	O /	625	
CISITAL	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date	Daytime 5	hone #	-24	