## FILED Apr 25, 2007 8:00 am Secretary of State

04-25-2007 90195 028 \*\*\*\*61.25

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N04000002911 1. Entity Name OBA PROFESSIONAL & SERVICE ASSOCIATES, INC.

1. Entity Nam OBA PRO		NAL & SERVICE	ASSOC	ATES, INC.								
979 BEACHLAND BLVD P 0 I				ng Address BOX 3745 O BEACH, FL 32964				40081397				
Principal Place of Business - No P.O. Box #     Mailing Address												
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				01222007	Chg-NP	CR2E(	)37 (12/06)	
City & State			City	City & State			_	4. FEI Numbe 20-092			<u> </u>	pplied For ot Applicable
Zip	Zip Country		Zip			ntry	5. Certificate of Status Desired Status Desired \$8.75 Add Fee Required				ditional ed	
	6. Name	and Address of Currer	nt Registere					7. Name and	Address of New	Registered	Agent	
FENNELL, TODD W 979 BEACHLAND BLVD					Name Street Addres			P.O. Box Numbe	er is Not Acceptat	ole)		
VERO BEA	ACH, FL 3	32963										
· :				City						FI	L Zip Cod	le
	named entit tions of regist	y submits this statement tered agent.	for the purpo	ose of changing its	registere	ed office or	r registere	ed agent, or bo	th, in the State of F	Florida, 1 an	n familiar with,	and accept
SIGNATURE .	Signature, typed	l or printed name of registered age	ent and title il appl	inable /MOT								
Filing Fee is \$61.25 Due by May 1, 2007				(NOT	E: Registered	a Ageni signati	nte tednised i	when reinstating)		DATE		
	-			9. Election Car Trust Fund (	mpaign Fi	inancing		\$5.00 May B Added to Fees	~	Make chec	ck payable t	
10.	Due by N			9. Election Car	mpaign Fi	inancing		\$5.00 May B Added to Fees	ANGES TO OFFIC	Make checorida Depa	IRECTORS IN	tate
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12. I hereby certify that the information supplied with this filling 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 617, 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:

SIGNATURE AND OPEN OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-07

231-8207

Daytime Phone #