


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90089 046 ****70.00

DOCUMENT # N06000000784	
1. Entity Name OSNA, INC.	

Principal Place of Business 1822 1ST STREET SE SAINT PETERSBURG, FL 33705 US	Mailing Address POST OFFICE BOX 1858 SAINT PETERSBURG, FL 33731 US
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40072955



2. Principal Place of Business - No P.O. Box # 101 19TH AVE SE Suite, Apt. #, etc.	3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.
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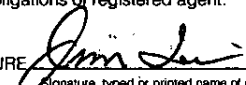
03162007 Chg-NP CR2E037 (12/06)

City & State ST. PETERSBURG, FL	City & State
Zip 33705	Country U.S.

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRUMLEY, RUSS 1822 1ST STREET SE SAINT PETERSBURG, FL 33705
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7. Name and Address of New Registered Agent Name JIM IRVIN Street Address (P.O. Box Number is Not Acceptable) 101 19TH AVE SE City ST. PETERSBURG FL Zip Code 33705
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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 	DATE 4-17-07

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CRUMLEY, RUSS 1822 1ST STREET SE SAINT PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA DURFEE, SCOTT 215 22ND AVENUE S SAINT PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC IRVIN, SANDEE 101 19TH AVENUE SE SAINT PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT IRVIN, JIM 101 19TH AVE SE ST. PETERSBURG FL 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DEGGANS, BARBARA 1835 2ND ST. S ST. PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KING DON, BRENDA 2001 BEACH DR SE ST. PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: 	DATE 4/16/07	DAYTIME PHONE # (727) 368-1262
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