

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008163

FILED
Apr 28, 2006
Secretary of State

Entity Name: O'CONNOR TEAM MANAGEMENT, INC.

Current Principal Place of Business:

3129 TAMIAMI TRAIL SUITE E
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

3083 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

Current Mailing Address:

3129 TAMIAMI TRAIL SUITE E
PORT CHARLOTTE, FL 33952

New Mailing Address:

3083 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

FEI Number: 61-1445907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REID, DAVID E
3129 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

REID, DAVID E
3083 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952 US

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.

SIGNATURE: DAVID E. REID

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: REID, DAVID E
Address: 3083 TAMIAMI TRAIL, STE. B
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ST () Delete
Name: LINSCOTT, GISELE M
Address: 3083 TAMIAMI TRAIL, STE. B
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change () Addition
Name: REID, DAVID E
Address: 3083 TAMIAMI TRAIL,
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ST (X) Change () Addition
Name: LINSCOTT, GISELE M
Address: 3083 TAMIAMI TRAIL,
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E. REID

PV

04/28/2006

Electronic Signature of Signing Officer or Director

Date