


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90052 009 ***150.00

DOCUMENT # P02000051132	
1. Entity Name OSCEOLA REALTY & DEVELOPMENT, INC.	

Principal Place of Business 1100 NORTH MAIN ST SUITE B KISSIMMEE, FL 34744	Mailing Address PO BOX 701323 SAINT CLOUD, FL 34770
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40096646



2. Principal Place of Business - No P.O. Box # 1100 NORTH MAIN ST	3. Mailing Address PO BOX 701323
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc.
City & State Kissimmee FL	City & State ST CLOUD FL
Zip 34744	Country US
Zip 34770	Country US

03062007 Chg-P CR2E034 (12/06)

4. FEI Number 72-1524790	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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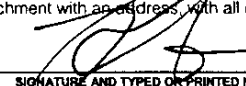
6. Name and Address of Current Registered Agent HOWSE, RONALD S 1100 NORTH MAIN ST SUITE B KISSIMMEE, FL 34744	
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7. Name and Address of New Registered Agent	
Name Howse, Ronald S.	
Street Address (P.O. Box Number is Not Acceptable) 1100 North Main St	
Suite Suite A	
City Kissimmee	FL Zip Code 34744

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOWSE, RONALD S		NAME Howse, Ronald S.	
STREET ADDRESS 1100 NORTH MAIN ST SUITE B		STREET ADDRESS PO BOX 701323	
CITY-ST-ZIP KISSIMMEE, FL 34744		CITY-ST-ZIP ST CLOUD, FL 34770	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	Date 4-15-07 Daytime Phone # 407 709 8002