2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 08:00 AM Secretary of State

DOCUMENT # I	P02000106206
1. Entity Name	O SERVICES INC



Principal Place of Business

369 NORTH NEW YORK AVENUE

THIRD FLOOR WINTER PARK, FL 32789 Mailing Address

P.O. BOX 301

NEW SMYRNA BEACH, FL 32170



CR2E034 (11/05)

DO NOT WRITE	IN .	THIS	SPACE
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4.	FEI Number			Applied For
	06-1654061			Not Applicable
5.	Certificate of Status Desired		\$8.75 Fee Re	Additional guired

	6.	Name	and	Address	of	Current	Registered	Agent
MAH	, JES	SE E	SR					

369 NORTH NEW YORK AVENUE THIRD FLOOR WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

No Chg-P

04272006

	1				
8. The above the obligat	named entity hipmits this statement for the pions of resistering eqent.	urpose of changing its registered	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, stood or printed harne of regressred agent and title	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAMATTI, RICARDO R P.O. BOX 301 NEW SMYRNA BEACH, FL 32170				
THILE NAME STREET ADDRESS CITY-ST-ZIP					U00000561212 05/19/06-80005-014 150.00
THLE NAME STREET ADDRESS CITY-ST-ZIP		2000000		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, , , ,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby 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 teport is true and appropriate 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 line empowered

SIGNATURE:

SIGNATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/06 (386)451-7376