2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006
Secretary of State

DOCUMENT# P03000018744

Entity Name: OSLEY ENTERPRISES, INC.

Current Principal Place of Business:

POST OFFICE BOX 11063
TAMPA, FL 33680

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 11063
TAMPA, FL 33680

New Mailing Address:

FEI Number: 33-1013750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSLEY, SARA
205 W. M. LUTHER KING BLVD.
204
TAMPA, FL 33601 US

Name and Address of New Registered Agent:

OSLEY, SARA
915 EAST GRANT AVENUE
TAMPA, FL 33604 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: SARA OSLEY 06/02/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: OSLEY, SARAH
Address: POST OFFICE BOX 11063
City-St-Zip: TAMPA, FL 33680

Title: VD ( ) Delete
Name: OSLEY-BROWN, CHANELLE
Address: POST OFFICE BOX 11063
City-St-Zip: TAMPA, FL 33680

Title: SD ( ) Delete
Name: ROBINSON, NORMA
Address: POST OFFICE BOX 11063
City-St-Zip: TAMPA, FL 33680

Title: D ( ) Delete
Name: ROBINSON, JOSEPH SR
Address: POST OFFICE BOX 11063
City-St-Zip: TAMPA, FL 33680

Title: D ( ) Delete
Name: OSLEY-BROWN, CHANELLE
Address: POST OFFICE BOX 11063
City-St-Zip: TAMPA, FL 33680

Title: D ( ) Delete
Name: STOKES, ANTOINETTE
Address: POST OFFICE BOX 11063
City-St-Zip: TAMPA, FL 33680

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: OSLEY, SARAH
Address: POST OFFICE BOX 11063
City-St-Zip: TAMPA, FL 33680

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SARA OSLEY PRES 06/02/2006
Electronic Signature of Signing Officer or Director Date