

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018744

FILED
Apr 26, 2007
Secretary of State

Entity Name: OSLEY ENTERPRISES, INC.

Current Principal Place of Business:

POST OFFICE BOX 11063
TAMPA, FL 33680

New Principal Place of Business:

915 E GRANT AVE
TAMPA, FL 33605

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
915 EAST GRANT AVENUE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

OSLEY, SARAH
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: SARAH OSLEY

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: SARAH OSLEY

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date