2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045884

Entity Name: O-A-R DEVELOPMENT, INC.

FILED Jan 21, 2006 Secretary of State

Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:		
4490 YACI VENICE, F	HT CLUB DR FL 34293		PO BOX 3	28122 N MC CALL RD PO BOX 35 ENGLEWOOD, FL 34223		
Current Mailing Address:			New Mail	New Mailing Address:		
4490 YACHT CLUB DR VENICE, FL 34293				28122 N MC CALL RD PO BOX 35 ENGLEWOOD, FL 34223		
FEI Number:	: 51-0466566	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name an	d Address of	New Registered Agent:	
OLYER, JO 4490 YACH VENICE, F	HT CLUB DR	3	28122 Ń ľ PO BOX :	OLYER, JOHN R 28122 N MC CALL RD PO BOX 35 ENGLEWOOD, FL 34223 US		
	named entity see of Florida.	ubmits this statement for the p	ourpose of changing	its registered	d office or registered agent, or both,	
SIGNATURE:				01/21/2006		
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () OLYER, JOHN F 4490 YACHT CL VENICE, FL 34	UB DR	Title: Name: Address: City-St-Zip:	OLYER, JOH 28122 N MC	(X) Change () Addition IN R CALL RD BOX 35 ID, FL 34223	
Title: Name: Address: City-St-Zip:	D () OLYER, CYNTH 4490 YACHT CL VENICE, FL 34	UB DR	Title: Name: Address: City-St-Zip:	OLYER, CYN 28122 N MC		
Title: Name: Address: City-St-Zip:	D () ROSS, RICHAR 8240 GRAVES I WOLCOTT, NY	POINT RD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ROSS, DIANA 8240 GRAVES I WOLCOTT, NY		Title: Name: Address: City-St-Zip:		() Change () Addition	

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: CYNTHIA C OLYER TRES 01/21/2006