2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2006
Secretary of State

DOCUMENT# P04000030968

Entity Name: CAPITAL FINANCIAL OSCEOLA, INC.

Current Principal Place of Business:

221 RUBY STREET
SUITE A
KISSIMMEE, FL 34741

New Principal Place of Business:

28 BROADWAY
SUITE 202
KISSIMMEE, FL 34741

Current Mailing Address:

221 RUBY STREET
SUITE A
KISSIMMEE, FL 34741

New Mailing Address:

28 BROADWAY
SUITE 202
KISSIMMEE, FL 34741

FEI Number: 26-0076628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUBOSE, JOHN E JR.
514 EAST COLONIAL DRIVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

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: PSTD ( ) Delete
Name: HARRELL, MICHAEL
Address: 221 RUBY AVENUE SUITE A
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete
Name: HARRELL, SYDNEY
Address: 221 RUBY AVENUE SUITE A
City-St-Zip: KISSIMMEE, FL 34741

Title: VD ( ) Delete
Name: HARRELL, JONATHAN
Address: 221 RUBY AVENUE SUITE A
City-St-Zip: KISSIMMEE, FL 34741

Title: D (X) Delete
Name: HARELL, ANDREW
Address: 221 RUBY AVENUE SUITE A
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: HARRELL, MICHAEL
Address: 28 BROADWAY, SUITE 202
City-St-Zip: KISSIMMEE, FL 34741

Title: VD (X) Change ( ) Addition
Name: HARRELL, JONATHAN
Address: 28 BROADWAY, SUITE 202
City-St-Zip: KISSIMMEE, FL 34741

Title: D (X) Change ( ) Addition
Name: HARRELL, ANDREW
Address: 28 BROADWAY, SUITE 202
City-St-Zip: KISSIMMEE, FL 34741

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: MICHAEL HARRELL PSTD 09/01/2006

Electronic Signature of Signing Officer or Director Date