## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000049580

Entity Name: OLIVIA PROPERTIES INC.

FILED Jul 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1411 EL CAJON CT 1403 EL CAJON CT

WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708

Current Mailing Address: New Mailing Address:

1411 EL CAJON CT 1403 EL CAJON CT

WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708

FEI Number: 20-1041928 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOLDSTEIN, BETH A CAMPOS, KELLIE A 1411 EL CAJON CT 1403 EL CAJON CT

WINTER SPRINGS, FL 32708 US WINTER SPRINGS, FL 32708 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: KELLIE CAMPOS 07/06/2006

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 GOLDSTEIN, BETH A
 Name:
 CAMPOS, FRANCIS O

 Address:
 1411 EL CAJON CT
 Address:
 1403 ELCAJON CT

City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

Title: DV (X) Delete Title: ( ) Change ( ) Addition

 Name:
 GOLDSTEIN, KELLY A
 Name:

 Address:
 475 CLUB DR
 Address:

 City-St-Zip:
 WINTER SPRINGS, FL 32708
 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: FRANCIS CAMPOS DP 07/06/2006