


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

08-16-2006 90001 025 \*\*\*158.75

<b>DOCUMENT # P04000071274</b>	
1. Entity Name OCALA GROUP ENTERPRISES INC.	

Principal Place of Business 1949 NW 80TH AVE OCALA, FL 34482	Mailing Address 1949 NW 80TH AVE OCALA, FL 34482
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40101676



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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07182006 Chg-P CR2E034 (11/05)

City & State	City & State
Zip	Country

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  SPENA, ROBERT H 1949 NW 80TH AVE OCALA, FL 34482	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P SPENA, H. JOSEPH 3100 NE 95 STREET ANTHONY, FL 32617	
T SPENA, EILEEN 3100 NE 95 STREET ANTHONY, FL 32617	<input type="checkbox"/> Delete
V SPENA, ROBERT H 1949 NW 80TH AVE OCALA, FL 34482	<input type="checkbox"/> Delete
S SPENA, CAROL D 1949 NW 80TH AVE OCALA, FL 34482	<input checked="" type="checkbox"/> Delete
SEE ROBERT D SPENA 13516 N. HWY 329 REDDICK FL 32686	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>7/20/06</u> Daytime Phone #: <u>352-266-0619</u>