


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000167548</b> 1. Entity Name OXYGEN EXPRESS, INC.	
--	---

Principal Place of Business 147 AVENUE A WINTER HAVEN, FL 33880	Mailing Address 147 AVENUE A WINTER HAVEN, FL 33880
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



07132007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1982174	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent  ATHENS, JANELLE M 3448 DEPEW AVENUE PORT CHARLOTTE, FL 33952
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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>	(NOTE: Registered Agent signature required when reinstating)	U00000769120 07/16/07-80014-023 158.75 DATE
---	--	---

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	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	D LATHERS, JULITA E 20020 VETERANS BOULEVARD #17 PORT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMPBELL, ROMIE 408 RUBY LAKE PLACE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	7-13-07 Date	Daytime Phone #
--	-----------------	-----------------