
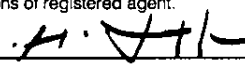



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90202 045 ***150.00

DOCUMENT # P05000014559 1. Entity Name OBT PARTNERS, INC.					
Principal Place of Business 5665 SOUTH A1A MELBOURNE, FL 32951 US			Mailing Address 5665 SOUTH A1A MELBOURNE, FL 32951 US		
2. Principal Place of Business - No P.O. Box # 95 Pine Tree Drive		3. Mailing Address PO Box 510758			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Indialantic, FL		City & State Melbourne Beach, FL		4. FEI Number 20-3842093	
Zip 32903		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32903		Country USA		03062007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent TOLLMANN, WILLIAM M 5665 SOUTH A1A MELBOURNE BEACH, FL 32951			7. Name and Address of New Registered Agent Name Tollmann, William M Street Address (P.O. Box Number is Not Acceptable) 95 Pine Tree Drive City Indialantic FL Zip Code 32903		
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: <u></u> April 17, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOLLMANN, WILLIAM M 5665 SOUTH A1A MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tollmann, William M 95 Pine Tree Drive Indialantic, FL 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T KANE, MICHAEL J 5665 SOUTH A1A MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Kane, Michael J 95 Pine Tree Drive Indialantic, FL 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLIUS, HIU Y 5665 SOUTH A1A MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Millius, Hiu Y 95 Pine Tree Drive Indialantic, FL 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u></u> William M. Tollmann			April 17, 2007 321-984-7543		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		