

2006 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90144 032 ***158.75

DOCUMENT # P05000023867 1. Entity Name OJOS VERDES, INC.					
Principal Place of Business 11300 FOURTH STREET NORTH 200 ST. PETERSBURG, FL 33716			Mailing Address 11300 FOURTH STREET NORTH 200 ST. PETERSBURG, FL 33716		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-2345731	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FANELLI, JULIE V 11300 FOURTH STREET NORTH 200 ST. PETERSBURG, FL 33716				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D SEMBLER, STEVEN <input type="checkbox"/> Delete 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SEMBLER, STEVEN <input type="checkbox"/> Delete 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SELTZER, HAROLD <input checked="" type="checkbox"/> Delete 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Johnson, Darian <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11300 Fourth Street N, Ste 200 St. Petersburg, FL 33716	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDONALD, KAREN <input type="checkbox"/> Delete 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS McDonald, Karen <input type="checkbox"/> Change <input type="checkbox"/> Addition 11300 Fourth St. N, Ste 200 St. Petersburg, FL 33716	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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: <u>M. Steven Sembler</u> M. Steven Sembler 4/19/06 727 577 5522 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					