


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90031 004 ***150.00

DOCUMENT # P05000054941 1. Entity Name OSSNA COMPUTERWORKS, INC	
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Principal Place of Business 338 SW TWIG AVE. PORT ST. LUCIE, FL 34983	Mailing Address 338 SW TWIG AVE. PORT ST. LUCIE, FL 34983 US
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DO NOT WRITE IN THIS SPACE

60024640



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2679648	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent AHUJA, SUNIL MR. 338 SW TWIG AVE. PORT ST. LUCIE, FL 34983

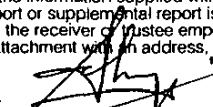
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD AHUJA, SUNIL MR. 338 SW TWIG AVE. PORT ST. LUCIE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AHUJA, NILAM MS. 338 SW TWIG AVE. PORT ST. LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AHUJA, SHANTA MRS. 338 SW TWIG AVE. PORT ST. LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COTE, DONNA MS. 1839 SE HIDEAWAY CIRCLE PORT ST. LUCIE, FL 34985
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 _____ Daytime Phone # _____