## 2007 FOR PROFIT CORPORATION

## ANNUAL REPORT FILED Jan 18, 2007 08:00 AM DOCUMENT # P05000064005 **Secretary of State** OZZIE REALTY INC. Principal Place of Business Mailing Address 7319 INDRIO RD., STE, 1 7319 INDRIO RD., STE, 1 FT. PIERCE, FL 34951 FT. PIERCE, FL 34951 or formal and a population of the 01132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2810272 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUSSAIN, ASLAM M. DO NOT WRITE 6207 FT. PIERCE BLVD. FT. PIERCE, FL 34951 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent algorature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 000000590471 Trust Fund Contribution. Added to Fees 01/18/07-80056-017 150.00 10 OFFICERS AND DIRECTORS TITLE NAME HUSSAIN, ASLAM M. STREET ADDRESS 6207 FT, PIERCE BLVD. CITY-ST-ZIP FT. PIERCE, FL 34951 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR