2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007
Secretary of State

DOCUMENT# P05000073509

Entity Name: OZ ADENTUREWEAR INC.

Current Principal Place of Business:

1080 NORTH PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1080 NORTH PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 20-2823926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AUSIL, TARA
4535 CALVIN STREET
HASTINGS, FL 32145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AUSILI, TARA
Address: 4535 CALVIN STREET
City-St-Zip: HASTINGS, FL 32145

Title: ST ( ) Delete
Name: GLASSCOCK, CHERYL
Address: 410 HOPE ST
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: GLASSCOCK, CHERYL
Address: 41 HOPE ST
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: TR ( ) Change (X) Addition
Name: GLASSCOCK, STEVEN R
Address: 41 HOPE STREET
City-St-Zip: SAINT AUGUSTIN, FL 32084

Title: VP ( ) Change (X) Addition
Name: DEDEO, JENNIFER D
Address: 5017 AVE D
City-St-Zip: SAINT AUGUSTIN, FL 32095

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TARA AUSILI P 09/04/2007

Electronic Signature of Signing Officer or Director Date