

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075270

Entity Name: OVER SIGHT MSO, INC.

FILED  
Apr 13, 2006  
Secretary of State

## Current Principal Place of Business:

1715 S. E. TIFFANY AVE.  
PORT ST. LUCIE, FL 34982 US

## New Principal Place of Business:

## Current Mailing Address:

1715 S. E. TIFFANY AVE.  
PORT ST. LUCIE, FL 34982 US

## New Mailing Address:

FEI Number: 20-3128703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELROWE, DAN  
1715 S. E. TIFFANY AVENUE  
PORT ST. LUCIE, FL 34982 US

## Name and Address of New Registered Agent:

DELROWE, DAN  
1715 S. E. TIFFANY AVENUE  
PORT ST. LUCIE, FL 34952 US

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

04/13/2006

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition  
Name: DELROWE, DANIEL J  
Address: 1715 SE TIFFANY AVENUE  
City-St-Zip: PORT ST. LUCIE,, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL J. DELROWE

D

04/13/2006

Electronic Signature of Signing Officer or Director

Date