

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000085762

Entity Name: OE ASSESSMENTS INC

FILED
Jul 06, 2006
Secretary of State

Current Principal Place of Business:

6220 S. ORANGE BLOSSOM TRAIL
SUITE 197
ORLANDO, FL 328094677 US

New Principal Place of Business:

Current Mailing Address:

6220 S. ORANGE BLOSSOM TRAIL
SUITE 197
ORLANDO, FL 328094677 US

New Mailing Address:

FEI Number: 59-3807976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECHEVERRI, OMAR
732 LEONARDO CT.
KISSIMMEE, FL FL US

Name and Address of New Registered Agent:

ECHEVERRI, OMAR
6415 NEW INDEPENDENCE PARKWAY
WINTER GARDEN, FL 34787 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: OMAR ECHEVERRI

07/06/2006

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: ECHEVERRI, OMAR
Address: 732 LEONARDO CT.
City-St-Zip: KISSIMMEE, FL 34758

Title: VP () Delete
Name: ECHEVERRI, JAIME
Address: 732 LEONARDO CT.
City-St-Zip: KISSIMMEE, FL 34758 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ECHEVERRI, OMAR
Address: 6415 NEW INDEPENDENCE PARKWAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP (X) Change () Addition
Name: ECHEVERRI, JAIME
Address: 6415 NEW INDEPENDENCE PARKWAY
City-St-Zip: WINTER GARDEN, FL 34787 US

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: OMAR ECHEVERRI

P

07/06/2006

Electronic Signature of Signing Officer or Director

Date