


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90115 016 ***150.00

DOCUMENT # P05000135888 1. Entity Name OSCEOLA 4X4 AND PERFORMANCE, INC.	
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Principal Place of Business 3844 KAISER AVE SAINT CLOUD, FL 34772	Mailing Address 3844 KAISER AVE SAINT CLOUD, FL 34772
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50016333

2. Principal Place of Business 304 13th Street Suite, Apt. #, etc.	3. Mailing Address 304 13th Street Suite, Apt. #, etc.
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04192006 Chg-P CR2E034 (11/05)

City & State St. Cloud FL	City & State St. Cloud FL
Zip 34769	Country USA

4. FEI Number 20-3544779	Applied For Not Applicable
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6. Name and Address of Current Registered Agent

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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HERRITT, JANE 3844 KAISER AVE SAINT CLOUD, FL 34772

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRITT, JANE 3844 KAISER AVE SAINT CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD MILLER, CRYSTAL 3844 KAISER AVE SAINT CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D miller, Crystal 3844 KAISER AVE. St. Cloud, FL 34772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, BRIAN 3844 KAISER AVE SAINT CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D miller Brian 3844 KAISER AVE. St. Cloud, FL 34772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: Crystal Miller	4/20/06	407-957-2423
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