2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000007889

1. Entity Name
OZTRALIA, INC.

FILED
07 Sept 27 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
840 NE 33RD STREET POMPANO BEACH, FL 33064 US	840 NE 33RD STREET POMPANO BEACH, FL 33064 US

08142007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
801 W. Broward Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State
Zip: 33312 Country: U.S.A.	Zip Country

4. FEI Number 16-1767311 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAYNE YOUNG 840 NE 33RD ST POMPANO BEACH, FL 33064	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, SHAYNE 840 NE 33RD STREET POMPANO BEACH, FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition [initials] 10/2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800110266998 10/04/07--01032--013 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

SIGNATURE: Shayne Young 8/15/07 (954) 744-6665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/21/07

To Whom It May Concern,

I called on Thursday and spoke with someone in your department whom advised me to do the following:

(1) send a copy of report that was mailed on 8/15/07

(2) send a copy of envelope that report was posted in

(3) send a new check to replace ck # 1688 that has not cleared the bank as of today

(4) Request that the corporation not be dissolved

- As I told your office on Thursday, my spouse and I have had our lives turned upside down since she was diagnosed with Cancer. I do not believe that I received any notice prior to the one advising that the corporation would be dissolved unless report was received prior to Sept 14th.

A report was printed, a check attached and mailed on 8/15/07.

It was not until Thursday when we were working at catching up on bank reconciliations that I realized that the check had not cleared and then that you had not received the report.

Please take into consideration not only the situation, but the fact that I previously mailed the Application and re-instate the Corporation

Thank you