


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 23, 2007 8:00 am**  
**Secretary of State**

08-23-2007 90021 041 \*\*\*150.00

**DOCUMENT # P06000037177**

1. Entity Name  
**OSP DESIGN SERVICES, INC.**



Principal Place of Business <b>15049 TAMARIND CAY CT.          UNIT 1309          FORT MYERS, FL 33908</b>	Mailing Address <b>15049 TAMARIND CAY CT.          UNIT 1309          FORT MYERS, FL 33908</b>
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2. Principal Place of Business - No P.O. Box # <b>3405 SE 15th Place</b>	3. Mailing Address <b>3405 SE 15th Place</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Cape Coral, FL</b>	City & State <b>Cape Coral, FL</b>
Zip <b>33904</b>	Zip <b>33904</b>
Country <b>USA</b>	Country <b>USA</b>

**6. Name and Address of Current Registered Agent**

**SMITH, DAVID P  
 15049 TAMARIND CAY CT.  
 UNIT 1309  
 FORT MYERS, FL 33908**



08152007 Chg-P CR2E034 (12/06)

4. FEI Number <b>13-4322901</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**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 \_\_\_\_\_

**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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SMITH, DAVID P</b> <b>15049 TAMARIND CAY CT., UNIT 1309</b> <b>FORT MYERS, FL 33908</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOLLMAN, PETER M</b> <b>1305 SE 36TH ST.</b> <b>CAPE CORAL, FL 33904</b>	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
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 all other like empowered.

SIGNATURE: *David P. Smith, President* **8/17/07 (239) 945-2334**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #