2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P06000093594



FILED Mar 19, 2007 8:00 am

Secretary of State

03-19-2007 90095 030 ***150.00 1. Entity Name OSWEGATCHIE CONSULTING INC. Principal Place of Business Mailing Address CPAGAUUD 6 COUNTRY ROAD WEST **6 COUNTRY ROAD WEST** US VILLAGE OF GOLF, FL 33436 US VILLAGE OF GOLF, FL 33436 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 02172007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For <u>51-0</u>594437 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEMYSS, CHARLES C SR Street Address (P.O. Box Number is Not Acceptable) 6 COUNTRY ROAD WEST VILLAGE OF GOLF, FL 33436 City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition WEMYSS, CHARLES C SR. NAME NAME 6 COUNTRY ROAD WEST STREET ADDRESS STREET ADDRESS VILLAGE OF GOLF, FL 33436 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TETLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 with all other, like empowered.

SIGNATURE: 2

emuss NG OFFICER OR DIRECTOR

561-738-6139