


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000149462 1. Entity Name OB_ZURV GROUP, P.A.	
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Principal Place of Business 2114 WEST WALNUT STREET TAMPA, FL 33607	Mailing Address P.O. BOX 18611 TAMPA, FL 33679
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DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1984427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAMPSON, JASON LANGFORD LAW GROUP, P.A. 1715 W CLEVELAND ST TAMPA, FL 33606

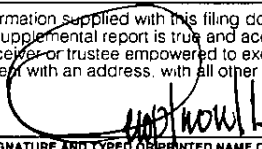
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCANTS, JEREL 2114 WEST WALNUT STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RENAUD, MICHAEL 2812 WEST FOSTER AVENUE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KNOWLES, GENO JR 7613 HUMBOLDT AVENUE NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000951976 06/04/08-80061-007 550.00</p> DO NOT WRITE IN THIS SPACE

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:  GENO KNOWLES JR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 04.30.08	Daytime Phone # 727.455.1022
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