## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000014006

City-St-Zip:

GAINESVILLE, FL 32606

Entity Name: OEC PARTNERSHIP, INC.

FILED Apr 24, 2009 Secretary of State

| Current Principal Place of Business:          |   |                                  | New Principal Place o                         | New Principal Place of Business:          |  |
|---|---|----------------------------------|---|---|--|
|   | ALTAMONTE<br>NTE SPRINGS                        |                                  |   |   |  |
| Current Mailing Address:                      |   |                                  | New Mailing Address:                          |   |  |
|   | 80 BOULEVA<br>ILLE, FL 3260                     |                                  |   |   |  |
| FEI Number                                    | : 20-8386451                                    | FEI Number Applied For()         | FEI Number Not Applicable ( )                 | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent: |   |                                  | Name and Address of                           | Name and Address of New Registered Agent: |  |
| 1301 RIVE<br>SUITE 150                        | CHARLES R<br>ERPLACE BOU<br>00<br>IVILLE, FL 32 | JLEVARD                          |   |   |  |
|   | e named entity<br>e of Florida.                 | submits this statement for the p | ourpose of changing its registered            | office or registered agent, or both,      |  |
| SIGNATUI                                      | RE:   |                                  |   |   |  |
|   | Electro   | nic Signature of Registered Ag   | ent   | Date                                      |  |
| Election Car                                  | mpaign Financin                                 | ng Trust Fund Contribution ( ).  |   |   |  |
| OFFICER                                       | S AND DIREC                                     | CTORS:                           | ADDITIONS/CHANGE                              | S TO OFFICERS AND DIRECTORS:              |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | SALTER, WILI                                    | TH BOULEVARD                     | Title: (<br>Name:<br>Address:<br>City-St-Zip: | ) Change ()Addition                       |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | SALTER, DAV                                     | TH BOULEVARD                     | Title: (<br>Name:<br>Address:<br>City-St-Zip: | ) Change ()Addition                       |  |
| Title:<br>Name:<br>Address:                   | ALVARADO, À                                     | () Delete<br>LFREDO              | Title: (<br>Name:<br>Address:                 | ) Change ()Addition                       |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

| . D | 04/24/2009 |
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