
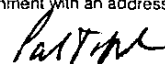


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90066 033 \*\*\*150.00

<b>DOCUMENT # P07000029463</b> 1. Entity Name <b>OKGM, INC.</b>																							
Principal Place of Business <b>3917 W. KENNEDY BLVD. TAMPA, FL 33609</b>			Mailing Address <b>3917 W. KENNEDY BLVD. TAMPA, FL 33609</b>																				
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>5401 Central Avenue</b>  Suite, Apt. #, etc.																					
City & State  Zip      Country		City & State <b>St Petersburg, FL</b>  Zip      Country <b>33710      USA</b>		4. FEI Number <b>20-8506396</b>  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																			
6. Name and Address of Current Registered Agent  <b>MCATEE, CAROL 5401 CENTRAL AVE. ACCOUNTING CONSULTANTS ST. PETERSBURG, FL 33710</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																					
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>RUEL, PAUL</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>8310 COPELAND RD. ODESSA, FL 33556</b></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<b>RUEL, PAUL</b>		CITY-ST-ZIP	<b>8310 COPELAND RD. ODESSA, FL 33556</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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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.																							
<b>SIGNATURE:</b> 				<b>3/5/08</b> <b>727-434-0586</b> Date      Daytime Phone #																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																							

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