

2006 FOR PROFIT CORPORATION ANNUAL REPORT


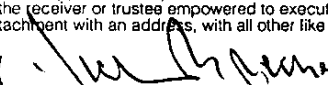
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Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90087 001 ***150.00

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02072006 Chg-P CR2E034 (11/05)

DOCUMENT # P93000032323			
1. Entity Name OVICH LICENSING CORP.			
Principal Place of Business 219 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401		Mailing Address 219 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401	
2. Principal Place of Business 1006 WEST 15 TH ST. Suite, Apt. #, etc. BAR 4 City & State RIVIERA BEACH, FL Zip 33404		3. Mailing Address 1006 WEST 15 TH ST. Suite, Apt. #, etc. BAR 4 City & State RIVIERA BEACH, FL Zip 33404	
4. FEI Number 65-0412709		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRECHER, NICHOLAS M 219 S. DIXIE HWY. W. PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1006 WEST 15 TH ST. BAR 4 City RIVIERA BEACH FL Zip Code 33404	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRECHER, NICHOLAS M 219 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1006 WEST 15 TH ST., BAR 4 RIVIERA BEACH, FL. 33404
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
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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.			
SIGNATURE: 		Date: X 4.6.06 X Daytime Phone: 1-561-881-7551	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			