

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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DOCUMENT # P94000018844			
1. Entity Name OZELLO INVESTMENTS, INC. <i>ATTN: LT YOUNG</i>			
Principal Place of Business 8200 W.GULF BLVD TREASURE ISLAND, FL 33706 US		Mailing Address 8200 W.GULF BLVD TREASURE ISLAND, FL 33706 US	
2. Principal Place of Business <i>200 121st Av</i>		3. Mailing Address <i>ATTN SAME LT YOUNG</i>	
Suite, Apt. #, etc. <i># 204</i>		Suite, Apt. #, etc. <i>200 121st Av # 204</i>	
City & State <i>Treasure Island, FL</i>		City & State <i>Treasure Island, FL</i>	
Zip <i>33706</i>	Country	Zip <i>33706</i>	Country
4. FEI Number 59-3229805		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 YOUNG, LAURENCE T 8200 W.GULF BLVD TREASURE ISLAND, FL 33706		7. Name and Address of New Registered Agent Name <i>CHANGE ADDRESS</i> Street Address (P.O. Box Number is Not Acceptable) <i>200 121st Av # 204</i> City <i>TREASURE ISLAND</i> FL Zip Code <i>33706</i>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)</small> DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YOUNG, LAURENCE T 8200 W.GULF BLVD TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>7/15/05</i> <i>727-344-6700</i> <small>Daytime Phone #</small>	