2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # P94000040192 1. Entity Name 04-17-2006 90406 023 ***150.00 OGCP, INC. Principal Place of Business Mailing Address 2910 W. BAY TO BAY BLVD 2910 W. BAY TO BAY BLVD 50012504 SUITE 200 SUITE 200 TAMPA, FL 33629 TAMPA, FL 33629 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 59-3244277 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, W. LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD., SUITE 2975 TAMPA, FL 33602 City Zip Code Fl 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. С TITLE ☐ Delete TITLE VΡ ☐ Change ★★ Addition NAME BYRNES, CAROL JEAN NAME Gibson, William L. STREET ADDRESS 4648 WESTFORD CIR. STREET ADDRESS 2910 W. Bay to Bay Blvd., Ste 200 CITY-ST-7IP CITY-ST-ZIP TAMPA, FL 33602 Tampa. FL 33629 ☐ Change ☐ Delete TITLE TITLE ☐ Addition NAME KENNEDY, DAVID A. NAME STREET ADDRESS 2910 W. BAY TO BAY BLVD., SUITE 200 STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33269** CITY-ST-ZIP TITLE ... Delete TITLE ☐ Change ☐ Addition NAME WHITING, PAUL L. NAME STREET ADDRESS 2910 W. BAY TO BAY BLVD., SUITE 200 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME CROWDER, SHEFFIELD L. NAME STREET ADDRESS 2910 W. BAY TO BAY BLVD., SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33629 TITI F ☐ Delete TITLE ☐ Chaone ☐ Addition NAME JENKINS, DONNA NAME STREET ADDRESS STREET ADDRESS 2910 W. BAY TO BAY BLVD., SUITE 200 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33629 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 in powered 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

SIGNATURE:

FILED

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