2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

ANITOAL ILL ON I			Secretary of State	
DOCUMENT # P9400040192 1. Entity Name OGCP, INC.			04-28-2008 90326 002 ***150.00	
Principal Place of Business	Mailing Address		in a second	
2910 W. BAY TO BAY BLVD	2910 W. BAY TO BAY BLY	VD		
Suite 200 Tampa, Fl. 33629 US	SUITÉ 200 Tampa, Fl. 33629 us	¢		
1AWI A, 1E 33025 B3	1MM1 N, 1 L 33023 U.	3		T T T T T T T T T
3. Principal Place of Business - No P.O. Box # 3410 HUNDUSON B Vd.	3. Mailing Address 3410 Hendus	Son Blvd.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04092008 Chg-P CR2E034	4 (12/06)
City & State	City & State	E1	4. FEI Number	Applied For
Zin Country	Zip	Country_	59-3244277	Not Applicable
33609 USA	33609	USA		8.75 Additional se Required
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Ag	ent
SMITH, W. LAWRENCE		Name		
101 E. KENNEDY BLVD., SUITE 2975		Street Address (P.O. Box Number is Not Acceptable)		
TAMPA, FL 33602				
		City	FL	Zip Code
The above named entity submits this statement for the purpose of changing its registered				I miliar 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				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
	9. Election Campaign	n Financing\$5	.00 May Be	
	Election Campaigr Trust Fund Contrib	n Financing\$5	.00 May Be	DIRECTORS IN 11
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23.08

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