

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000073917
 1. Entity Name
 OVERLAND SERVICES, INC.



Principal Place of Business
 5020 SANTA FE ST.
 TAMPA, FL 33619

Mailing Address
 5020 SANTA FE ST.
 TAMPA, FL 33619 US



01222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0533097

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEROLA, SALVATORE
 5020 SANTA FE ST.
 TAMPA, FL 33619

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1100000428519
 02/21/06-80051-010 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------|
| TITLE | D |
| NAME | MEROLA, ELSA V |
| STREET ADDRESS | 5020 SANTA FE ST. |
| CITY-ST-ZIP | TAMPA, FL 33619 |
| TITLE | D |
| NAME | MEROLA, SALVATORE |
| STREET ADDRESS | 5020 SANTA FE ST. |
| CITY-ST-ZIP | TAMPA, FL 33619 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| 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.

SIGNATURE: Salvatore Merola 2/6/06 772-467-1200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #