## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000093441

Entity Name: OH MY GAUZE, INC.

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
352 ST ARMANDS CIRCLE SARASOTA, FL 34236				374 ST ARMANDS CIRCLE SARASOTA, FL 34236	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	ORTER LAKES I TA, FL 34240	DR			
FEI Number	r: 65-0556088	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
502 N SPO SARASOT The above	, KENNETH OONBILL DR TA, FL 34236  e named entity s te of Florida.	US ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU		c Signature of Registered Ag	ent ent	 Date	
Election Ca		Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () MOONEY, JOY 502 N. SPOONB SARASOTA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () MOONEY, KEN 502 N. SPOONB SARASOTA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () CASTILOW, ALL 1850 GOLDENR SARASOTA, FL	OD ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () KOSNICK, KENI 21 NORTH LANE OSPREY, FL 34	<b>:</b>	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH MOONEY VP 01/08/2007