# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 24, 2006 8:00 am**
**Secretary of State**
03-24-2006 90022 038 ***150.00

400370**

DOCUMENT # P95000060130

1. Entity Name
OSPREY INVESTMENT CAPITAL MANAGEMENT CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 101 SEABREEZE BLVD.<br>MGT. OFFICE<br>DAYTONA BCH., FL 32118 US | 111 PRESIDENTIAL BLVD.<br>SUITE 230<br>BALA CYNWYD, PA 19004 US |

02092006 Chg-P CR2E034 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1860 Forest Hill Blvd. | |
| Suite, Apt. #, etc.<br>Suite 200 | Suite, Apt. #, etc. |
| City & State<br>Palm Beach, FL | City & State |
| Zip<br>33406 Country<br>USA | Zip Country |

4. FEI Number
59-3341156
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| TRIESTER, STANTON L<br>101 SEABREEZE BLVD.<br>MGT. OFFICE<br>DAYTONA BEACH, FL 32118 | Name<br>Triester, Stanton L.<br>Street Address (P.O. Box Number is Not Acceptable)<br>1860 Forest Hill Blvd<br>Suite 200<br>City Palm Beach FL Zip Code 33406 |

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: _____ 2/15/06
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, 2006 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DCEO<br>TRIESTER, STANTON L<br>101 SEABREEZE BLVD.<br>DAYTONA BCH., FL 32118 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/CEO/T<br>Triester, Stanton L.<br>1860 Forest Hill Blvd., Suite 200<br>Palm Beach, FL 33406 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>TRIESTER, DAVID E<br>711 MT. PLEASANT RD.<br>BRYN MAWR, PA 19010 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>NORSWORTHY, JEAN<br>111 PRESIDENTIAL BLVD. #230<br>BALA CYNWYD, PA 19004 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** _____ 2/15/06 610-667-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #