



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90002 043 ***158.75

DOCUMENT #P97000017047 1. Entity Name O'MALLEY'S ALLEY, INC.					
Principal Place of Business 24 S. MAGNOLIA AVE OCALA, FL 34474 US			Mailing Address 24 S. MAGNOLIA AVE OCALA, FL 34474 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3431362	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CARRASCO, GEORGE JR. 24 S. MAGNOLIA AVE OCALA, FL 34474			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>GEORGE CARRASCO JR</u> DATE <u>5/31/06</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CARRASCO, GEORGE JR. 1105 SE 24TH AVE OCALA, FL 34471	<input type="checkbox"/> Delete			
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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: <u>[Signature]</u>		Date <u>5/31/06</u>		Daytime Phone # <u>352 690-2262</u>	