

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000038222

Entity Name: OFFICE INNOVATIONS, INC.

FILED
Jan 11, 2005
Secretary of State

Current Principal Place of Business:

10909 ATLANTIC BLVD.
STE. #15W
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

10909 ATLANTIC BLVD.
STE. #15W
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3450745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECALSEY, CHERYL M
7636 SAW TURNER LANE
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

LECALSEY, CHERYL M
7636 SAW TIMBER LANE
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: CHERYL M. LECALSEY

01/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LECALSEY, CHRISTOPHER R
Address: 7636 SAW TURNER LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: LECALSEY, CHERYL M
Address: 7636 SAW TURNER LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: LECALSEY, CHERYL M
Address: 13022 AZALEA RIVER PL
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: LECALSEY, CHRISTOPHER R
Address: 7636 SAW TIMBER LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: O (X) Change () Addition
Name: LECALSEY, CHERYL M
Address: 7636 SAW TIMBER LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: O (X) Change () Addition
Name: BUSBEE, GRANT M
Address: 10643 LAKEVIEW ROAD EAST
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHERYL M. LECALSEY

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01/11/2005

Electronic Signature of Signing Officer or Director

Date