

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000038222

FILED
Apr 25, 2006
Secretary of State

Entity Name: OFFICE INNOVATIONS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

4676-1 DUSK COURT
JACKSONVILLE, FL 32207

Current Mailing Address:

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

New Mailing Address:

4676-1 DUSK COURT
JACKSONVILLE, FL 32207

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 TIMBER LANE
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

LECALSEY, CHERYL M
13810 SUTTON PARK DRIVE NORTH
#120
JACKSONVILLE, FL 32224 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

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: LECALSEY, CHRISTOPHER R
Address: 13810 SUTTON PARK DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: O (X) Change () Addition
Name: LECALSEY, CHERYL M
Address: 13810 SUTTON PARK DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHERYL M. LECALSEY

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04/25/2006

Electronic Signature of Signing Officer or Director

Date