2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# P98000014684

Entity Name: OGS INVESTMENTS, INC.

Current Principal Place of Business:

720 SOUTH PINE AVENUE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

720 SOUTH PINE AVENUE
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3493981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IGLER & DAUGHERTY, P.A.
1501 PARK AVENUE EAST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: QUINCEY, JAMES S
Address: P.O BOX 23939
City-St-Zip: GAINESVILLE, FL 32602

Title: D ( ) Delete
Name: WALKER, BENNY
Address: 113 NW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: LEWIS, CARROLL
Address: 6800 SW 18TH TERRACE ROAD
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete
Name: WARREN, MICHAEL
Address: 502 NW 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: SMITH, CHRISTOPHER
Address: 2025 SW 112TH STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete
Name: BUTLER, DEBORAH
Address: 2306 W 13TH STREET, SUITE 1206
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: CARL WALLS D 04/26/2006

Electronic Signature of Signing Officer or Director — Date