

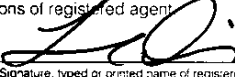
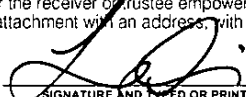


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90027 015 ***158.75

DOCUMENT # P98000027807 1. Entity Name OSSI & MYLER, INC.					
Principal Place of Business 4154 HERSCHEL STREET JACKSONVILLE, FL 32210			Mailing Address C/O LAWRENCE OSSI, P.E. 3090 MERLIN DR. N JACKSONVILLE, FL 32257		
2. Principal Place of Business 1934 Retaw Street Suite, Apt. #, etc. _____		3. Mailing Address 1934 Retaw Street Suite, Apt. #, etc. _____		50025836 	
City & State Jacksonville, FL Zip 32210 Country USA		City & State Jacksonville, FL Zip 32210 Country USA		4. FEI Number 59-3503704	
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 OSSI, LAWRENCE P.E. 4154 HERSCHEL STREET JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name Lawrence Ossi, PE. Street Address (P.O. Box Number is Not Acceptable) 1934 Retaw Street City Jacksonville, FL Zip Code 32210		
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  President DATE 8/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	P OSSI, LAWRENCE P.E. 4154 HERSCHEL STREET JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1934 Retaw Street 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VV MYLER, ALONZO P.E. 4154 HERSCHEL STREET JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 1934 Retaw Street 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____
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:  Lawrence Ossi DATE 8/17/06 904-381-8946 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY: PHONE #</small>					