

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90097 041 ***158.75

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05082006 Chg-P CR2E034 (11/05)

DOCUMENT # P99000088820 1. Entity Name OTAI INC.					
Principal Place of Business 2008 RIVERSIDE AVENUE JACKSONVILLE, FL 32204			Mailing Address 1650 MARGARET STREET 302 JACKSONVILLE, FL 32204		
2. Principal Place of Business		3. Mailing Address 6877 HOWALD CT N			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State JACKSONVILLE FL		4. FEI Number 59-3614362	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32277		Country FL		6. Name and Address of Current Registered Agent KIRCHER, SALLY J ONE INDEPENDENT DRIVE., STE 3303 JACKSONVILLE, FL 32202	
7. Name and Address of New Registered Agent Name William Maurice Campbell		Street Address (P.O. Box Number is Not Acceptable) 6877 HOWALD CT N			
City JACKSONVILLE		State FL		Zip Code 32277	
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>William Maurice Campbell</u> <u>05/04/2006</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent Signature required when necessary)</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	PSD CAMPBELL, WILLIAM 6877 HOWALD COURT NORTH JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YATES, ALTON 2923 RIBAUT SCENIC DR JACKSONVILLE, FL 322085	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, HAZEL YATES 6877 HOWALD COURT NORTH JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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>William Maurice Campbell</u> <u>05/04/2006</u> <u>904.613.8879</u> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		