

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90021 012 \*\*\*150.00

<b>DOCUMENT # S17594</b> 1. Entity Name <b>4935 OLEANDER CORPORATION</b>					
Principal Place of Business <b>4935 OLEANDER BLVD. FT. PIERCE, FL 34982</b>			Mailing Address <b>4935 OLEANDER BLVD. FT. PIERCE, FL 34982</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>630 SW Palmetto Cove</b>  Suite, Apt. #, etc.			
City & State		City & State <b>Port St Lucie, FL</b>		4. FEI Number <b>65-0228707</b>	
Zip <b>34986</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PATEL, RANJANA 4935 OLEANDER BLVD. FT. PIERCE, FL 34982</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PATEL, RANJANA 630 SW PALMETTO COVE PORT ST LUCIE, FL 34986</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/17/06</b> <b>772-979-1540</b> <small>Date Daytime Phone #</small>		