2005 FOR PROFIT CORPORATION ANNUAL REPORT_

FILED
Mar 16, 2005 08:00 AM
Secretary of State

1. Entity Nan	MENT # S98103 OUP, INC.				Secretary of State
-	e of Business_ IDGE RD, STE 310 FL 34233	Mailing Address 3665 BEE RIDGE RD, STE 310 SARASOTA, FL 34233			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01072005 4. FEI Numb 65-030	per Applied For
3665 BEE	EY, ANINA C RIDGE RD #310 'A, FL 34233		DO NOT WRITE IN THIS SPACE		
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 Signature, typed or printed name of registered agent and tills if applicable. (NOTE: Registered Agent signature required when refinishing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS				.00 May Be led to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MCSWEENEY, ANINA C 3665 BEE RIDGE RD #310 SARASOTA, FL	2010/10			· ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000255208 03/16/05-80046-017 150.00 ——
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_				
NAME STREET ADDRESS CITY-ST-ZIP		and the state of t			PRINCE THE REAL PRINCE TO THE
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied sent 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 the empowered.					