

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117660

FILED
Mar 10, 2006
Secretary of State

Entity Name: OH MY GAUZE OF WISCONSIN, INC.

Current Principal Place of Business:

227 BROAD ST
LAKE GENEVA, WI 53147

New Principal Place of Business:

Current Mailing Address:

2123-F PORTER LAKE DR
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 06-1609173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOONEY, KENNETH
502 N SPOONBILL DR
SARASOTA, FL 34236 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: PD () Delete
Name: MOONEY, JOY
Address: 502 N. SPOONBILL DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: VPD () Delete
Name: MOONEY, KEN
Address: 502 N. SPOONBILL DR
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: KOSNICK, KENDRA
Address: 21 NORTH LANE
City-St-Zip: OSPREY, FL 34229

Title: S () Delete
Name: CASTILOW, ALLISON
Address: 1850 GOLDENROD ST
City-St-Zip: SARASOTA, FL 34239

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:

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: KEN MOONEY

VPD

03/10/2006

Electronic Signature of Signing Officer or Director

_____ Date