

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90201 004 ***150.00

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03302007 No Chg-P CR2E034 (11/05)

DOCUMENT # P98000054077

1. Entity Name
O2 CORPORATION



Principal Place of Business
**13014 N DALE MABRY
 SUITE 121
 TAMPA, FL 33618**

Mailing Address
**13014 N DALE MABRY
 SUITE 121
 TAMPA, FL 33618**

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3518046	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OSMAN, JOSEPH V
 13014 N DALE MABRY
 STE 121
 TAMPA, FL 33618**

**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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSMAN, JOSEPH V 13014 N DALE MABRY STE 121 TAMPA, FL 33618
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**DO NOT WRITE
 IN THIS SPACE**

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: **4.18.07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #