
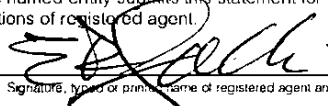


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90072 015 ***150.00

DOCUMENT # 533553			
1. Entity Name OAKBROOK HOMES, INC.			
Principal Place of Business 3573 ENTERPRISE AVE #54 NAPLES FL 34104 US		Mailing Address 3573 ENTERPRISE AVE #54 NAPLES FL 34104 US	
2. Principal Place of Business - No P.O. Box 1181 LULLAM CT		3. Mailing Address R.O. BX 1639	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Malco Island, FL	
Malco Island FL		City & State	
Zip 34	Country Collier	Zip 34146	Country Collier
6. Name and Address of Current Registered Agent GALLI, EDWARD R 3573 ENTERPRISE AVENUE #54 NAPLES FL 34104		7. Name and Address of New Registered Agent Name EDWARD R. GALLI Street Address (P.O. Box Number is Not Acceptable) 1181 LULLAM CT City Malco Is FL Zip Code 34145	
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  DATE 4/15/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD GALLI, EDWARD R 3573 ENTERPRISE AVE. #54 NAPLES FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1181 LULLAM CT MALCO ISLAND FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GALLI, GRACE A 13040 CASTLE HARBOUR DR., T-6 NAPLES FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD GALLI, PEGGY L 3573 ENTERPRISE AVE. #54 NAPLES FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E034 (10/06)

4. FEI Number **59-1798066** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4/15/07** DAYTIME PHONE #

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.