


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90771 002 ***150.00

DOCUMENT # M95495 1. Entity Name OXFORD FINANCIAL INC.	
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Principal Place of Business 6681 49TH STREET NORTH PINELLAS PARK FL 33781 US	Mailing Address 6681 49TH STREET NORTH PINELLAS PARK FL 33781 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2948101	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent HALPRIN, DAVID A. 6681 49TH STREET NORTH PINELLAS PARK FL 33781
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____

FILE NOW!!!! FEE IS \$150.00
After May 1, 2004 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAME, ELAINE J. 6761 APPLE CROSS ST PETERSBURG FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGREDO, SHARON R 6681 49TH STREET NORTH PINELLAS PARK FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALPRIN, DAVID A 6681 49TH STREET NORTH PINELLAS PARK FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HALPRIN, MICHAEL J 6681 49TH STREET NORTH PINELLAS PARK FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HALPRIN, LAURA A 6681 49TH STREET NORTH PINELLAS PARK FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elaine J. Brane 6681-49th Street No. Pinellas Park, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 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: David Halprin **4/28/04** **727-521-4664**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #