2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005179

Entity Name: OASIS RANCH, INC.

City-St-Zip:

DEERFIELD BEACH, FL 33064

FILED Jun 21, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4161 NORTHWEST 43RD STREET COCONUT CREEK, FL 33073 **Current Mailing Address: New Mailing Address:** 4161 NORTHWEST 43RD STREET COCONUT CREEK, FL 33073 FEI Number: 65-1033320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PIZZARELLO, ELIZABETH L NEWTON, SUSAN M 4161 NORTHWEST 43RD STREET 8940 NW 20TH MANOR COCONUT CREEK, FL 33073 CORAL SPRINGS, FL 33071 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: SUSAN NEWTON 06/21/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PIZZARELLO, ELIZABETH L Name: Name: 4161 NORTHWEST 43RD STREET Address: Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BOIVIN, WILLIAM Name: BOIVIN, BILL Address: 4161 NORTHWEST 43RD STREET Address: 4161 NORTHWEST 43RD STREET City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: COCONUT CREEK, FL 33073 Title: () Delete Title: (X) Change () Addition KEISER, BELINDA Name: NEWTON, SUSAN Name: C/O KEISER COLLEGE 1500 N.W. 49TH STREET 8940 NW 20TH MANOR Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: CORAL SPRINGS, FL 33071 Title: () Delete Title: () Change () Addition Name: HAMMEL, NELLIE Name: 960 CRYSTAL LAKE DRIVE #205 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SUSAN NEWTON D 06/21/2004