


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2006 8:00 am
Secretary of State

09-15-2006 90001 022 ***158.75

DOCUMENT # P04000048403					
1. Entity Name OASIS ISLAND, INC.					
Principal Place of Business 7148 DEMEIEI CIRCLE (old) DELRAY BEACH, FL 33446			Mailing Address 7148 DEMEIEI CIRCLE (old) DELRAY BEACH, FL 33446		
2. Principal Place of Business 10595 Hilltop Meadow Point		3. Mailing Address 10595 Hilltop Meadow Point			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boynton Beach, FL		City & State Boynton Beach, FL		4. FEI Number 51-0503832	
Zip 33437		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEIGHLEY & MYRICK, P.A. 1255 W. ATLANTIC BOULEVARD #314 POMPANO BEACH, FL 33069			7. Name and Address of New Registered Agent Name GLENN M. GUTMAN, MBA Street Address (P.O. Box Number is Not Acceptable) 21280 SAWMILL COURT City BOCA RATON FL Zip Code 33498		
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 <i>Glenn M. Gutman</i> SEPT 14, 2006 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!! FEE IS \$150.00 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOCKARD, KENNETH 9550 S. OCEAN DRIVE, SUITE 1510 JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LOCKARD, KENNETH 10595 HILLTOP MEADOW POINT BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSO LOCKARD, SHARON 9550 S. OCEAN DRIVE, SUITE 1510 JENSEN BEACH, FL 34957 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKARD, DOUGLAS 9550 S. OCEAN DRIVE, SUITE 1510 JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKARD, DOUGLAS 10595 HILLTOP MEADOW POINT BOYNTON BEACH, FL 33437 <input checked="" 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		
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		
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: <i>Kenneth Lockard President</i>		SEPT 14, 2006		(561) 740-9792	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	
<i>Kenneth Lockard</i>					

ATTACHMENT

40104223

#P04000048403

N:

NEVER RECEIVED NOTICE.
NEW ADDRESS ON
FORM.

Thank you