2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 14, 2008 08:00 All Secretary of State DOCUMENT # P06000087989 OASIS LAWN & ORNAMENTAL SERVICES, INC. Principal Place of Business Mailing Address 29 MISTY MEADOW DRIVE 29 MISTY MEADOW DRIVE BOYNTON BEACH, FL 33436 US BOYNTON BEACH, FL 33436 01122008 No Chg-P CR2E034 (11/05) 4 FEI Number Applied For 20-5305884 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LEARY, DAVID C DO NOT WRITE 29 MISTY MEADOW DRIVE IN THIS SPACE BOYNTON BEACH, FL 33436 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Apent signature required when reinstating) DATE U000000896914 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. 04/25/08-80023-025 150.00 Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE LEARY, DAVID C tanang nghang anggan garag sa tenggan ng matalan. Kanang nghang at kanangan sa tenggan sa teng STREET ADDRESS 29 MISTY MEADOW DRIVE CITY-ST-ZIP BOYNTON BEACH, FL 33436 The state of the s STREET ADDRESS CITY-ST-ZIP Comment of the state of the sta NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE and could be a failed and the same of the NAME STREET ADDRESS CITY-ST-ZIP and the second of the second o NAME STREET ADDRESS CITY-ST-ZIP the major of the second of the NAME STREET ADDRESS CITY-ST-ZIP 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 elyother like empowered.

DAVID C. LEARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED