


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # S88852 1. Entry Name THE OAKS, PHASE II, INC.	
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Principal Place of Business 912 HIALEAH ST ROCKLEDGE, FL 32955 US	Mailing Address 912 HIALEAH ST ROCKLEDGE, FL 32955 US
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3093433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KIRSNER, MARVIN A 5100 TOWN CENTER CIR. SUITE 400 BOCA RATON, FL 33486
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**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000606786 01/31/07-80012-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRSNER, STEVEN A 912 HIALEAH ST ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIRSNER, IDA 34 STAR ISLAND MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KIRSNER, MARVIN A 5100 TOWN CENTER CIR. #400 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSNER, RONALD M 5100 TOWN CENTER CIR. #400 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSNER, HARRY M 5100 TOWN CENTER CIR #400 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDBERG, DIANE K 5100 TOWN CENTER CIR #400 BOCA RATON, FL 33486

**DO NOT WRITE
IN THIS SPACE**

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: STEVEN A KIRSNER JAN 27, 2007; (321) 639-1388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #