2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2007 08:00 AN

DOCUMENT # 455340 1. Entity Name MANOR OAKS, INC.					Secretary of Sta	
Principal Place of Business 2121 EAST COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308	Mailling Address 1601 NE 26TH ST FT LAUDERDALE, FL 33305	US			#1401 B/#3 B/#3) B/#1 #1402 #1402# (1 (#46	
DO NOT WRITE		CE		o Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARRINSON, RALPH A. 1601 NE 26 ST FT LAUDERDALE, FL 33316		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 Signature, typical or printed name of registered agent and site of applicable (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550	9. Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees	· <u>·</u>		
10. OFFICERS AN TITLE PD MARRINSON, RALPH A STREET ADDRESS CITY-ST-ZP FT LAUDERDALE, FL 33305 TIRLE NAME STREET ADDRESS CITY-ST-ZP	D DIRECTORS		<u>-</u>	U00 01/29/	000603184 07-80003-012 150.00	
THEE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZEP					and the state of t	
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
12. I nereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFICER OR DIREC	TOR		Date Date	Daytime Phone #	

Ralph A. Marrinson