2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# 585980

Entity Name: HOBBY OASIS, INC.

Current Principal Place of Business:

3520-3 ST. JOHNS BLUFF RD.
JACKSONVILLE, FL 32224

New Principal Place of Business:

14286 BEACH BLVD
#15
JACKSONVILLE, FL 32250

Current Mailing Address:

3520-3 ST. JOHNS BLUFF RD.
JACKSONVILLE, FL 32224

New Mailing Address:

14286 BEACH BLVD
#15
JACKSONVILLE, FL 32250

FEI Number: 59-1840405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENK, DAVID
4006 LANDFALL LANE
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

HENK, DAVID
4006 LANDFALL LANE
JACKSONVILLE, FL 32250 US

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: 04/09/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HENK, DAVID C
Address: 4006 LANDFALL LN.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VPD ( ) Delete
Name: HENK, MARY A
Address: 225 ELMORE AVE.
City-St-Zip: TRENTON, NJ 08619

Title: STD ( ) Delete
Name: HOARD, SUZANNE
Address: 4400 MOREHOUSE TERRACE
City-St-Zip: CHESTERFIELD, VA 23832

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C. HENK PD 04/09/2009
Electronic Signature of Signing Officer or Director — Date