2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # 729565 1. Entity Name OAK PARK TERRACE, INC.					95-02-2006 9	90149 016 ****61	1.25	
Principal Place of Business A00 18TH STREET VERO BEACH, FL 32960 Address VERO BEACH, FL 32960 VERO BEACH, FL 32960								
2. Principal Place of Business		3. Mailing Address 400-18th ST.,						
400-18th ST., Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A		04192006 C	ḥg-ŅР	CR2E037 (11/05)		
City & State Vero Beach		City & State Vero Beach		4. FEI Number 59-165272		 	oplied For	
Zip Country 32960 Indian Rive		Zip Country			\$8.75 Additional			
3230	6. Name and Address of Current R		indian Ki	7. Name and Add	iress of New Re		ru .	
SNIFFIN, SUSANNE			Name					
400 18TH ST J-3			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
VERO BE/	ACH, FL 32960		City			₽ ∎ Zip Cod	le	
The above named entitly submits this statement for the purpose of changing its registered office or				egistered agent or both in	the State of Flo			
the obligations of registered agent.								
SIGNATURE Susame Another								
	Signature, typed or printed name of registered agent and title is post able. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed or printed name of registered agent an	d title i hooficable. (NOTE: R	legistered Agent signature	a required when reinstating)		DATE .		
	Signature, speed or printed name or registered agent an Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Cou	paign Financing	\$5.00 May Be		ake check payable tida Department of S		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE	9. Election Camp Trust Fund Cor	paign Financing ntribution.	\$5.00 May Be Added to Fees	Flori	ake check payable to ida Department of S	tate	
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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 617, 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 OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

NIFFIN

4.24.01

167-325

Daytime Phone #