


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000002609 1. Entity Name OAK HOTELS, INC.	
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Principal Place of Business 2424 ROUTE 52 HOPEWELL JCT, NY 12533	Mailing Address 2424 ROUTE 52 HOPEWELL JCT, NY 12533
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0585127	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICKARDS, T. RAYMOND 11485 CLAYMONT CIR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KENDZIERA, CRAIG S 16 ICE HOLLY RD POUGHUAG, NY 12570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PLEMMONS, JODEE 16 MAIN ST HASING ON HUDSON, NY 10706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEENHUISEN, BOB 626 BARRACK HILL RIDGEFIELD, CT 06877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/28/08-80020-021 150.00

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 an other life empowered.

SIGNATURE: Robert Steenhuisen 4/28/08 815 723 3603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #