2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# F04000002609

Entity Name: OAK HOTELS, INC.

Current Principal Place of Business:

2424 ROUTE 52
HOPEWELL JCT, NY 12533

New Principal Place of Business:

Current Mailing Address:

2424 ROUTE 52
HOPEWELL JCT, NY 12533

New Mailing Address:

FEI Number: 81-0585127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	RICKARDS, T. RAYMOND	
Address:	11485 CLAYMONT CIR	
City-St-Zip:	WINDERMERE, FL 34786	
Title:	VPD	( ) Delete
Name:	KENDZIERA, CRAIG S	
Address:	16 ICE HOLLY RD	
City-St-Zip:	POUGHGUAG, NY 12570	
Title:	VPS	( ) Delete
Name:	PLEMMONS, JODEE	
Address:	16 MAIN ST	
City-St-Zip:	HASING ON HUDSON, NY 10706	
Title:	VPD	( ) Delete
Name:	STEENHUISEN, BOB	
Address:	626 BARRACK HILL	
City-St-Zip:	RIDGEFIELD, CT 06877	

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:	
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: BOB STEENHUISEN VP 04/29/2009

Electronic Signature of Signing Officer or Director — Date