

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F98000006726 1. Entity Name NEW OAK WOODS, INC.	
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Principal Place of Business P.O. BOX 27740 LAS VEGAS, NV 89126	Mailing Address P.O. BOX 27740 LAS VEGAS, NV 89126
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**DO NOT WRITE IN THIS SPACE**



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number 88-0365871	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHANBERG, MARC D  
17105 EQUESTRIAN TRL  
ODESSA, FL 33556

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BANNON, MAURICE 5300 WEST SAHARA, STE. 101 LAS VEGAS, NV 89102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHANBERG, MARC D 17105 EQUESTRIAN TRAIL ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUTER, MARCIA 17105 EQUESTRIAN TRAIL ODESSA, FL 33556
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05/18/07-80060-021 150.00

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 all other like empowered.

SIGNATURE: Marc D. Shanberg Date: 4/29/07 Daytime Phone #: 813 926-2699  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR