2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# F98000006726

Entity Name: NEW OAK WOODS, INC.

Current Principal Place of Business:

P.O. BOX 27740
LAS VEGAS, NV 89126

New Principal Place of Business:

17105 EQUESTRIAN TRL
ODESSA, FL 33556

Current Mailing Address:

P.O. BOX 27740
LAS VEGAS, NV 89126

New Mailing Address:

FEI Number: 88-0365871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHANBERG, MARC D
17105 EQUESTRIAN TRL
ODESSA, FL 33556 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: D ( ) Delete
Name: O'BANNON, MAURICE
Address: 5300 WEST SAHARA, STE. 101
City-St-Zip: LAS VEGAS, NV 89102

Title: P ( ) Delete
Name: SHANBERG, MARC D
Address: 17105 EQUESTRIAN TRAIL
City-St-Zip: ODESSA, FL 33556

Title: VP ( ) Delete
Name: SUTER, MARCIA
Address: 17105 EQUESTRIAN TRAIL
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition
Name: SUTER, MARCIA
Address: 8506 N HYALEAH RD
City-St-Zip: TAMPA, FL 33617

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: ELIZABETH C. HOPKINS CPA 02/10/2009

Electronic Signature of Signing Officer or Director — Date