

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

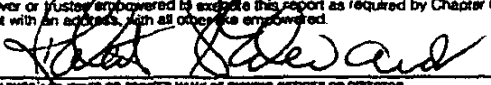
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # G56567			
1. Entity Name OAK CREEK GROVE INC.			
Principal Place of Business 2815 HAMMOCK DR PLANT CITY, FL 33566 US		Mailing Address 2815 HAMMOCK DR PLANT CITY, FL 33566 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2336918		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EDWARDS, ROBERT S 2815 HAMMOCK DR PLANT CITY, FL 33567		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 renouncing) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, ROBERT S 2815 HAMMOCK DR PLANT CITY, FL 33567 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EDWARDS, ROBERT S JR 836 N CRYSTAL LAKE DR APT #5 LAKELAND, FL 33801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied on 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 officers empowered.			
SIGNATURE: 		Date: June 10, 2007 813-752-2746	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert S. Edwards - President			

OAK CREEK GROVE, INC.
2815 Hammock Drive
PLANT CITY, FLORIDA 33566

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attention Appeals Hearing Officer
OAK CREEK GROVE, INC
Reference Number: G56567

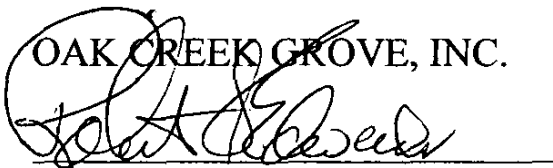
Gentlemen:

I am attaching copies of prior correspondence where I transmitted Oak Creek Grove Inc.'s annual report with remittance and a certificate signed by the writer of this letter stating that the entity did not receive prior notice of the fact that and annual report for the corporate Franchise Tax was due.

I tried to penetrate your phone system, but failed. I was trying to talk to some one to find out how to proceed to certify to you that the corporation did not receive notice this year of the fact that the annual report was due. Although the corporation has received these notices regularly for more than fifteen years at the same address and has paid the tax on all occasions when such notice was received, the notice was not received this year.

Please accept this letter as my certification of the facts stated and the corporation's request that you waive the late charge due to the circumstance of not receiving prior notice.

Very truly yours,

OAK CREEK GROVE, INC.

Robert S. Edwards
President