


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90084 021 ***158.75

DOCUMENT # G80037	
1. Entity Name FOREST OAK CORPORATION	

Principal Place of Business 9020 RANCHO DEL RIO DRIVE, SUITE 127 NEW PORT RICHEY, FL 34655 US	Mailing Address 9020 RANCHO DEL RIO DRIVE, SUITE 127 NEW PORT RICHEY, FL 34655 US
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40014106



2. Principal Place of Business - No P.O. Box # 9400 River Crossing Blvd.	3. Mailing Address 9400 River Crossing Blvd.
Suite, Apt., #, etc. Suite 102	Suite, Apt., #, etc. Suite 102

01182007 Chg-P CR2E034 (12/06)

City & State New Port Richey, FL	City & State New Port Richey, FL
Zip 34655	Country Pasco

4. FEI Number 59-2376370	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEEB, ALEX R 9020 RANCHO DEL RIO DRIVE, SUITE 125 NEW PORT RICHEY, FL 34655	7. Name and Address of New Registered Agent Name Alex R. Deeb Street Address (P.O. Box Number is Not Acceptable) 9400 River Crossing Blvd. Suite 102 City New Port Richey, FL Zip Code 34655
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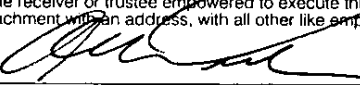
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DEEB, ALEX R 9020 RANCHO DEL RIO DR STE 127 NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Alex R. Deeb 9400 River Crossing Blvd, Suite 102 New Port Richey, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEEB, THOMAS P 9020 RANCHO DEL RIO DR STE 127 NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Thomas P. Deeb 9400 River Crossing Blvd., Suite 102 New Port Richey, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SINDELAR, MARJOIRE H 9020 RANCHO DRL RIO DR SUITE 122 NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Marjorie H. Sindelar 9400 River Crossing Blvd., Suite 102 New Port Richey, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	2/1/07 727-376-6831
ALEX R. DEEB, PRESIDENT	Date _____ Daytime Phone # _____