2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2005 8:00 am Secretary of State DOCUMENT # H24567 1. Entity Name 03-15-2005 90031 041 ***150.00 OAK HILLS GOLF AND COUNTRY CLUB INC. Principal Place of Business Mailing Address 10059 N. CLIFF BLVD. 1360 PAST OAK BLVD SPRING HILL FL 34608 STE #1900 **HOUSTON TX 77056** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2450052 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLOYD. MARIA Street Address (P.O. Box Number is Not Acceptable) 505 5. Ilagles Usine 910 106 NORTH FLAGLER PROMANADE WEST PALM BEACH FL 33405 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 it applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE SD TITLE Addition ☐ Defete KETTLE, RANDALL NAME NAME STREET ADDRESS 92 BAL CROSS DR. STREET ADDRESS BEL HARBOUR FL 33154 CITY-ST-7IP CITY-ST-7IP PD TITLE ☐ Delete TITLE Change ☐ Addition NAME FLOYD, RAYMOND NAME 505 5. Flagler Alren #910 STREET ADDRESS PO BOX 2163 STREET ADDRESS West Palm Beach, Fl 33401 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete Change ☐ Addition TITLE 505 5. Flagfersonne #910 NAME FLOYD, MARIA NAME STREET ADDRESS PO BOX 2163 STREET ADDRESS West Palm Beach Fl. CITY-ST-7IP CITY-ST-7IP PALM BEACH FL 33480 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 'CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Kettle Manch 12, 2005 305-867-7683

FILED