
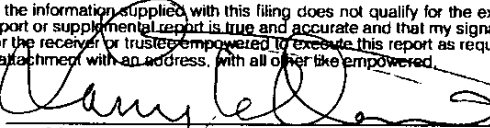


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90005 002 ***150.00

DOCUMENT # H82938 1. Entity Name OATS REALTY, INC.					
Principal Place of Business 3455-B S MCCALL RD ENGLEWOOD, FL 34224 US			Mailing Address PO BOX 37087 EL JOBEAN, FL 33927 US		
2. Principal Place of Business - No P.O. Box # 3751 CAPE HAZE DR		3. Mailing Address P.O. BOX 1137			
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc.			
City & State Rotonda, FL		City & State Englewood, FL		4. FEI Number 59-2588731	
Zip 33947		Country USA		Zip 34295	
Country USA		Country US			
6. Name and Address of Current Registered Agent OATHOUT, LARRY 2362 RISKEN TERR. PORT CHARLOTTE, FL 33981			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME OATHOUT, LARRY STREET ADDRESS 2362 RISKEN TER. CITY-ST-ZIP PORT CHARLOTTE, FL 33981	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VST NAME OATHOUT, GLENDA STREET ADDRESS 2362 RISKEN TERR. CITY-ST-ZIP PORT CHARLOTTE, FL 33981	<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	
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: 			LARRY OATHOUT 3-24-07 475-5411		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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01262007 Chg-P CR2E034 (12/06)

\$8.75 Additional Fee Required

FL

Zip Code

(941)