2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# J67574

Entity Name: OASIS TELECOMMUNICATIONS, DATA AND RECORDS, INC.

Current Principal Place of Business:

321 EAST MAIN STREET
SUITE 416
BOZEMAN, MT 59715 US

New Principal Place of Business:

421 N BROADWAY AVE
BOZEMAN, MT 59715 US

Current Mailing Address:

P.O. BOX 1985
BOZEMAN, MT 59771 US

New Mailing Address:

FEI Number: 59-2794362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINDORF, JAY
2704 SW 2ND PLACE
CAPE CORAL, FL 33914 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: PD ( ) Delete
Name: HINRICHS, TOM D
Address: 2255 ARROWLEAF DR
City-St-Zip: BOZEMAN, MT 59715 US

Title: VSD ( ) Delete
Name: SINDORF, RICK D
Address: 9731 FOREST CREEK DRIVE
City-St-Zip: BOZEMAN, MT 59718 US

Title: D ( ) Delete
Name: BRODIE, CHARLES K
Address: 931 HULBERT ROAD
City-St-Zip: BOZEMAN, MT 59715 US

Title: VP ( ) Delete
Name: PURCELL, WILLIAM C
Address: 431 PAWNEE DRIVE
City-St-Zip: MECHANICSBURG, PA 17055 US

Title: T ( ) Delete
Name: DOMINICK, CASSIE L
Address: 507 KATHY LANE
City-St-Zip: BELGRADE, MT 59714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CASSIE DOMINICK TRES 04/10/2007

Electronic Signature of Signing Officer or Director — Date