

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 02, 2004 08:00 AM
Secretary of State

DOCUMENT # K92006			
1. Entity Name THE OAKS HORSE FARM CORPORATION			
Principal Place of Business C/O MATTHIES & CROSS PA 21 N. MAGNOLIA AVE. OCALA, FL 34475 US		Mailing Address P.O. BOX 2828 OCALA, FL 34478-2828	
DO NOT WRITE IN THIS SPACE			
		08142004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2953502	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MATTHIES, ERIC F 21 NORTH MAGNOLIA AVENUE OCALA, FL 34475		DO NOT WRITE IN THIS SPACE	
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 _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U00000171441 09/02/04-80001-012 558.75	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIANG, HOWARD Y.S. 33-35 LEIGHTON ROAD HONG KONG,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LU, LUCY 128 INDIAN ROAD PIEDMONT, CA 96410		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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.			
SIGNATURE 		8/31/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	