## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004465

Entity Name: OASIS NETWORK OF NEW TAMPA, INC.

FILED Feb 20, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
6100 TAM TAMPA, F	PA PALMS BL L 33647	VD.		
Current Mailing Address:			New Mailing Address:	
16057 TAN TAMPA, F		8LVD. WEST, #315.		
FEI Number	: 59-3715732	FEI Number Applied For()	FEI Number Not App	licable ( ) Certificate of Status Desired ( )
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:
		BLVD. WEST, #315 US		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing	its registered office or registered agent, or both,
SIGNATUI				
	Electro	nic Signature of Registered Age	ent	Date
OFFICER	S AND DIREC	CTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	T ( HENDERSON, 2001 CURRY LUTZ, FL 335	RD.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S ( LIDSEY, DON 15924 ELLSW TAMPA, FL 33	ORTH DR	Title: Name: Address: City-St-Zip:	S (X) Change () Addition BLADON, CONNIE 15316 SHERWOOD FOREST TAMPA, FL 33647
Title: Name: Address: City-St-Zip:	D ( WOLFORD, T 6206 FARTHIN TAMPA, FL 33	IG DR	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BEAN, GINGER 4913 LONDONDERRY DRIVE TAMPA, FL 33647
Title: Name: Address: City-St-Zip:	D ( WHITEHEAD, 7213 WAREH, TAMPA, FL 33	AM DR.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	EXD ( GRUBER, LYN 16350 HEATH TAMPA, FL 33	ROW DR.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( COMET, MARI 15911 ELLSW TAMPA, FL 33	ORTH DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition HOUSTON, DARLENE 8271 SWANNHOLLOW DRIVE TAMPA, FL 33647

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN GRUBER EXD 02/20/2006