


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90044 042 ****61.25

DOCUMENT # N01000008702	
1. Entity Name OASIS INTERNATIONAL, INC.	

Principal Place of Business 1722 SUWANEE DR WEST PALM BEACH FL 33409	Mailing Address 1722 SUWANEE DR WEST PALM BEACH FL 33409
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04019859



MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 01-0566706	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MC GEE, SHERRY REV 1722 SUWANEE DR WEST PALM BEACH FL 33409	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MC GEE, SHERRY REV 1722 SUWANEE DR WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ALAN CLAPSADDE 146 DUKE DR. LAKE WORTH, FL 33460 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HILL, AVIS L REV 1700 SUWANEE DR WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR Robert SAWYER 11351 - 5TH Rd. N. ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTS, RAYMOND 1722 SUWANEE DR WEST PALM BEACH FL 33409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PAULA GILLENWATER DIRECTOR 4607 ARLETTE CT. LAKE WORTH, FL 33461 <input type="checkbox"/> Change <input checked="" 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 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 617, 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: *Rev Sherry McGee* **SHERRY MCGEE** **3/15/04** **561-255-2660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #