2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 11, 2007 08:00 All Secretary of State DOCUMENT # N04000010860 FLORIDA ORACLE ERP REGIONAL USERS GROUP, INC. Principal Place of Business Mailing Address 3343 CAMERON CHASE DR. 3343 CAMERON CHASE DR. TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 04092007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3411914 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BATTLES, HOSEA DO NOT WRITE 3343 CAMERON CHASE DR. TALLAHASSEE, FL 32309 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. and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000701719 04/20/07-80066-014 70.00 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Due by May 1, 2007 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME LIBROTH, ANDRE STREET ADDRESS 166 COTILLION CIR. CITY-ST-ZIP TALLAHASSEE, FL 32312 TITLE NAME BATTLES, HOSEA STREET ADDRESS 3343 CAMERON CHASE DR. CITY - ST - ZIP TALLAHASSEE, FL 32309 TITI F NAME JOHANNES, DAN STREET ADDRESS 2007 KELLY CREEK CIRCLE DO NOT WRITE CITY-ST-ZIP OVIEDO, FL 32765 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filting 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 affect 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.

FILED