

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011477

FILED
Jan 11, 2005
Secretary of State

Entity Name: OASIS OF RESTORATION, INC.

Current Principal Place of Business:

2879 BRONCO AVENUE
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

2879 BRONCO AVENUE
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 76-0763214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORALES, ERICK B
2879 BRONCO AVENUE
KISSIMMEE, FL 34746 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORALES, ERICK B
Address: 2879 BRONCO AVENUE
City-St-Zip: KISSIMMEE, FL 34746

Title: VP () Delete
Name: MORALES, ENID G
Address: 2879 BRONCO AVENUE
City-St-Zip: KISSIMMEE, FL 34746

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: MORALES, ENID G
Address: 2879 BRONCO AVENUE
City-St-Zip: KISSIMMEE, FL 34746

Title: S () Change (X) Addition
Name: BOLIVAR, ALBA
Address: 2755 CARMEL COURT
City-St-Zip: KISSIMMEE, FL 34746

Title: T () Change (X) Addition
Name: ARANGO, FABIOLA
Address: 2755 CARMEL COURT
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Change (X) Addition
Name: ESTRELLA, CAROLYN
Address: 6293 CURRY FORM ROAD #159
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLYN ESTRELLA

D

01/11/2005

Electronic Signature of Signing Officer or Director

_____ Date