

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90079 045 ****70.00

40040000



04092006 Chg-NP CR2E037 (11/05)

DOCUMENT # N04000011477 1. Entity Name OASIS OF RESTORATION, INC.					
Principal Place of Business 2879 BRONCO AVENUE KISSIMMEE, FL 34746				Mailing Address 2879 BRONCO AVENUE KISSIMMEE, FL 34746	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MORALES, ERICK B 2879 BRONCO AVENUE KISSIMMEE, FL 34746				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORALES, ERICK B <input type="checkbox"/> Delete 2879 BRONCO AVENUE KISSIMMEE, FL 34746			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORALES, ENID G <input type="checkbox"/> Delete 2879 BRONCO AVENUE KISSIMMEE, FL 34746			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLIVAR, ALBA <input checked="" type="checkbox"/> Delete 2755 CARMEL COURT KISSIMMEE, FL 34746			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hernandez, Priscilla <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2211 Pine Oaks Trail Kissimmee, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARANGO, FABIOLA <input checked="" type="checkbox"/> Delete 2755 CARMEL COURT KISSIMMEE, FL 34746			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LaBoy, Niulka <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 658 Sterling Drive Kissimmee, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTRELLA, CAROLYN <input type="checkbox"/> Delete 6293 CURRY FORM ROAD #159 ORLANDO, FL 32822			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 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 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: <i>Erick Morales</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date _____ Daytime Phone # 407-846-6266	