2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008
Secretary of State

DOCUMENT# N04000011477

Entity Name: OASIS OF RESTORATION, INC.

Current Principal Place of Business:

2879 BRONCO AVENUE
KISSIMMEE, FL 34746

New Principal Place of Business:

819 NORTH CENTRAL AVENUE
KISSIMMEE, FL 34741

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

Title: S ( ) Delete
Name: HERNANDEZ, PRISCILLA
Address: 2211 PINE OAKS TR
City-St-Zip: KISSIMMEE, FL 34746

Title: TD ( ) Delete
Name: ESTRELLA, CAROLYN
Address: 1094 MARTIN BLVD.
City-St-Zip: ORLANDO, FL 32825

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

Title: TE (X) Delete
Name: MORALES, RAMON
Address: 2879 BRANCO AVE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ELD (X) Change ( ) Addition
Name: MORALES, RAMON
Address: 1405 MERRIMACK LANE
City-St-Zip: DAVENPORT, FL 33837

Title: T/D (X) Change ( ) Addition
Name: ESTRELLA, CAROLYN
Address: 1094 MARTIN BLVD.
City-St-Zip: ORLANDO, FL 32825

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ERICK B. MORALES P 02/27/2008

Electronic Signature of Signing Officer or Director — Date