2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007
Secretary of State

DOCUMENT# N05000004634

Entity Name: OASIS OF LOVE FELLOWSHIP INTERNATIONAL INC

Current Principal Place of Business:

1936 BRUCE B. DOWNS BLVD.
SUITE333
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

1936 BRUCE B. DOWNS BLVD.
#333
WESLEY CHAPEL, FL 33543

Current Mailing Address:

1936 BRUCE B. DOWNS BLVD.
SUITE333
WESLEY CHAPEL, FL 33543

New Mailing Address:

1936 BRUCE B. DOWNS BLVD.
#333
WESLEY CHAPEL, FL 33543

FEI Number: 04-3814407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOURK, BETTY C
12617 GREEN OAK LANE
DADE CITY, FL 33525 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: D ( ) Delete
Name: CIGANEK, MARY E REV.
Address: 2507 SAKONNET COURT
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete
Name: SOURK, BETTY C
Address: 12617 GREEN OAK LANE
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete
Name: WILDE, ROBERT
Address: 116 CHESAPEAK AVENUE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CIGANEK, MARY E DR
Address: 777 30TH AVENUE NORTH, APT. 8
City-St-Zip: SAINT PETERSBURG, FL 33704

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 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: BETTY C SOURK D 02/28/2007

Electronic Signature of Signing Officer or Director — Date