2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46333

Entity Name: THE OASIS CENTER, INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8205 CARILLON PLACE 1511 SAN MARCO DRIVE

LAKE WALES, FL 33898 APT. #108 US

ORMOND BEACH, FL 32174 US

Current Mailing Address: New Mailing Address:

1511 SAN MARCO DRIVE 8205 CARILLON PLACE

APT. #108 LAKE WALES, FL 33898 US

ORMOND BEACH, FL 32174 US

FEI Number: 59-3098174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FISHER, ELIZABETH 153 1ST AVE. N.

LAKE WALES, FL 33859 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

MACFAWN, GLORIA, MACFAWN, GLORIA, Name: Name: 8205 CARILLON PLACE Address: 1511 SAN MARCO DRIVE # 108 Address: City-St-Zip: LAKE WALES, FL 33898 City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete Title: (X) Change () Addition

Name: MACFAWN JR., MARK, Name: MACFAWN JR., MARK, Address: 8308 CARILLON PLACE Address: 1511 SAN MARCO DRIVE # 108 City-St-Zip: LAKE WALES, FL 33898 City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete Title: (X) Change () Addition

ROBINSON, ESSINA, Name: ROBINSON, ESSINA, Name: 1209 PEACHTREE LANE 1209 PEACHTREE LANE Address: Address: City-St-Zip: DAYTONA BCH., FL City-St-Zip: DAYTONA BCH., FL 32114

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: GLORIA MACFAWN DIR 04/26/2007