


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90050 033 \*\*\*\*61.25

<b>DOCUMENT # N99000004091</b>	
1. Entity Name <b>OASIS COMPASSION AGENCY, INC.</b>	

Principal Place of Business <b>4888 10TH AVE NORTH GREENACRES, FL 33463</b>	Mailing Address <b>4888 10TH AVE NORTH GREENACRES, FL 33463</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**40052892**



04022007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0946248</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ARLEN, ROBERT M 110 E ATLANTIC AVE, SUITE 330 DELRAY BEACH, FL 33444</b>		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALLEN, LINDA			NAME	Jack Levine		
STREET ADDRESS	8175 AMBACH WAY			STREET ADDRESS	7601 Cypress Head Drive		
CITY-ST-ZIP	HYPOLUXO, FL 33462			CITY-ST-ZIP	Parkland, FL 33067		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNEED, YOLANDA			NAME			
STREET ADDRESS	7787 RIDGEWOOD DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP			
TITLE	PT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILL, SHARON			NAME			
STREET ADDRESS	6701 FINAMORE CIR.			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, JEFF SR			NAME			
STREET ADDRESS	18978 POINTE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33469			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OWEN, LEE			NAME			
STREET ADDRESS	7703 FORESTAY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, SYLVIA			NAME			
STREET ADDRESS	18978 POINTE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33469			CITY-ST-ZIP			

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:** Sharon Gill **4/2/07** **(561) 967-4066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #