2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000046252

Entity Name: MR OAK.COM, INC.

Address:

City-St-Zip:

3523 BEECHWOOD TERRACE

PINELLAS PARK, FL 33781

FILED Jan 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 29857 US 19 N CLEARWATER, FL 33761 US **Current Mailing Address: New Mailing Address:** 2613A MERCHANT AVE ODESSA, FL 33556 FEI Number: 59-3644199 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: THOMAS, JOHN 29857 US 19 N CLEARWATER, FL 33761 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PICHETTE, STEVEN LEO Name: Name: 600 IVY LANE Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: Title: Title: () Change () Addition () Delete Name: THOMAS, JOHN FLOREY Name: 9111 BEARCAT RD Address: Address: NEW PORT RICHEY, FL 34655 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition THOMAS, TIFFANY M Name: Name: 9111 BEARCAT RD Address: Address: City-St-Zip: NPR, FL 34655 City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition PICHETTE, JOSHUA S PICHETTE, JOSHUA S Name: Name:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

29857 US 19 N

CLEARWATER, FL 33761

SIGNATURE: JOHN F. THOMAS D 01/21/2008