2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 17, 2004 8:00 am Secretary of State **DOCUMENT # P00000066726** 02-17-2004 90015 016 ***150.00 N-K OAKS, INC. Principal Place of Business Mailing Address 1805 ROYAL LANE #103 4100 ENCHANTED OAKS CIRCLE KISSIMMEE, FL 34741 DALLAS, TX 75229 2. Principal Place of Business 3. Mailing Address 1714 Golfview DR Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 Cha-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 75-2893385 Not Applicable Kissimmee Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Tim Hawley Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2607 1714 Golfview Dr Zip Code City Kissimmee 34746 8. The above named entity submite 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 a SIGNATURE (NOTE: Registered Agent signature required when reinstating) ction Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition NOBLE, EDWARD R NAME NAME STREET ADDRESS 10610 METRIC DR #190 STREET ADDRESS 1805 Royal LN #103 CITY-ST-ZIP CITY-ST-ZIP DALLAS, TX 75243 Dallas, TX 75229 Delete ☐ Addition TITI F TITLE Tr Change KIDD, ANDREW E NAME NAME STREET ADDRESS 10610 METRIC DR #190 STREET ADDRESS 1805 Royal LN #103 CITY-ST-ZIP DALLAS, TX 75243 CITY-ST-ZIP Dallas. TX 75229 ☐ Delete □ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CDY-ST-7IP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other-like empowered.

SIGNATURE: