2005 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

OS OF THE D TALLAMASSEE PHORIOR DOCUMENT # (10000) H4927 OKee-H Inc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1125 N.E. 18th St. DO NOT WRITE IN THIS SPACE 4. FEI Number 106800 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent Name DO NOT WRITE Street Addre IN THIS SPACE 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) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS TACKED DEC OSANT CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 on an

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

200061952082 12/06/05--01008--016 **!50.00

CR2E034B (12/02)

OKEE-B-INC. 1125 N.E. 18 Street Belle Glade, FL 33430

Lowhom This may Coman;

I have three corporations, I received one of my annual report forms the first points the year and sent it book immediately. I assumed the other two forms while arrive soon. She rest thing I know it is Det, and I received two rotices of Dissolution, I always send my annual report forms in assoon as I received how two report forms could be misplaced in the mail

Sincerly Yours Billy R. Evans