2008

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 06-19-2008 90001 017 ***158.75 DOCUMENT # P02000043495 OAKES INTERIOR CONSTRUCTION, INC. **ANTAGAAA** Principal Place of Business Mailing Address 1258 ROSE GARDEN BLVD. 1258 ROSE GARDEN BLVD. RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33404 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1411 Suite, Apt. #, etc. 06012007 CR2E034 (12/06) Chg-P Applied For City & State 4 FEI Number 38-3648521 Not Applicable \$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 OAKES, GERALD H Street Address (P.O. Box Number is Not Acceptable) 1258 ROSE GARDEN BLVD. RIVIERA BEACH, FL 33404 City 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. 6/16/08 SIGNATURE Gerald H. Oakes President required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OPST. TITLE □ Delete TITLE ☐ Change OAKES, GERALD H NAME NAME STREET ADDRESS 1258 ROSE GARDEN BLVD. STREET ADDRESS RIVIERA BEACH, FL 33404 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP MILE TITLE □ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE IME ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like ampowered.

FILED

Jun 19, 2008 8:00 am

Daytime Phone #