


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90199 010 ***150.00

DOCUMENT # P02000116506 1. Entity Name ISLAND OASIS INVESTMENTS, INC.					
Principal Place of Business 341 SE 6TH TERRACE POMPAÑO BEACH, FL 33060			Mailing Address 341 SE 6TH TERRACE POMPAÑO BEACH, FL 33060		
2. Principal Place of Business 1311 SE 4 Avenue Suite, Apt. #, etc.		3. Mailing Address 1311 SE 4 Avenue Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CLARK, LISA 341 SE 6TH TERRACE POMPAÑO BEACH, FL 33060				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1311 SE 4 Avenue 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD CLARK, LISA 341 SE 6TH TERRACE POMPAÑO BEACH, FL 33060		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1311 SE 4 Avenue	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CLARK, ROSEMARY 341 SE 6TH TERRACE POMPAÑO BEACH, FL 33060		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Joc Clark, President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/28/06 904-41-3754 Date Daytime Phone #		