-	AUNNA	L REPORT				I	FILED
DOCU	MENT # P0200012		Apr 20, 2006 0				
1. Entity Name OYSTER LANE CORPORATION				The part of the state of the st			tary of
,	e of Business	Mailing Address					
201 E. OCEA # 7	IN AVE.	201 E. OCEAN AVE. # 7					
Lantana, Fl. 33462 Lantana, Fl. 33462				[NY TINDRA SENTENDANDAN'I LAKER A	
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_			A CONTRACTOR OF THE STATE OF TH	04182006	No Chg-P	CR2E034 (11	(05)
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}		And the second s	A STATE OF THE STA		of Status Desired	□ \$8.75 Fee Re	5 Additional
	6. Name and Address of Currer	rt Registered Agent	The state of the s		The Astron		A STATE OF THE PARTY OF
BOURNE, ROBERT E			and the second	DO	NOT W	RITE	And the second like the land the second
521 LAKE AVE., SUITE 3 LAKE WORTH, FL 33460					THIS SF	and the second of the second	The same the
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	e named entity submits this statement	for the purpose of changing its regis	tered office or register	red agent, or bo	th, in the State of Flo	orida. I am familiar	with, and accept
1	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Regis	tered Agent signature required	f when reinstating)		DATE	
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	Election Campaign Fit Trust Fund Contribution		.00 May Be led to Fees		·	· '
10,	OFFICERS AN	D DIRECTORS		गानसम्बद्धाः चुद्धाः सङ्ख्याः	- Van		
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CITY-ST-ZIP	LANTANA, FL 33462				05/02/06-8		ISO_00
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12. I hereby certify that the information supplied with this filling 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.

SIGNATURÉ:

STREET ADDRESS City-ST-ZIP

> (LEO JUDEN SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

561-762-0061

Daytime Phone 4