2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 26, 2006 08:00 AM Secretary of State **DOCUMENT** # P03000026652 t. Entity Name THE OAKS COMMERCE CENTER, INC. Principal Place of Business Mailing Address 8 BROADWAY, SUITE 218 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 No Chg-P CR2E034 (11/05) 03102006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0452250 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHEIVE, KATHY D DO NOT WRITE 316 N. JOHN YOUNG PARKWAY SUITE 8 IN THIS SPACE KISSIMMEE, FL 34741 6. 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. DATE (NOTE Registered Agent signature required when reinstating) 8. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE 18 \$150.00 U00000534659 '08/06-80021-007 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PARSONS, RAY NAME 8 BROADWAY, SUITE 218 STREET ADDRESS KISSIMMEE, FL 34741 CITY-ST-ZIP TITLE **VP** PARSONS, DALE NAME 8 BROADWAY, SUITE 218 STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34741 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS

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 eath; 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.

CICMATHDE.

COY-ST-7P

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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407.847.4706