2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 06, 2006 08:00 AM Secretary of State **DOCUMENT # P04000149841** THE CHARM OASIS, INC. Principal Place of Business Mailing Address 3420 GLENN HOLLOW CT. 3420 GLENN HOLLOW CT. JACKSONVILLE, FL 32226 IACKSONVILLE, FL 32226 03282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1837223 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SAFER, ELIQT J DO NOT WRITE 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257 IN THIS SPACE 6. The above named entity submits this statement in e purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept e obligations of registered agent. name of registered agent and site if applicable (NOTE: Registered Agent signature required when retretating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THILE NAME GRECO, KELLY A STREET ADDRESS 3420 GLENN HOLLOW CT. CSTY - ST - ZIP JACKSONVILLE, FL 32226 U0000049S082 04/20/06-80072-013 158.75 TITLE NAME STREET ADDRESS CITY-ST-7P THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-71P THILE IN THIS SPACE NAME STREET ADDRESS CHY-ST-ZIP NAME STREET ADDRESS CITY-\$7-27P TOLE NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

AFURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED