


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P05000147794</b> 1. Entity Name <b>THE OAKS OF GREEN COVE SPRINGS, INC</b>					
Principal Place of Business <b>3229 HIGHWAY 17 GREEN COVE SPRINGS, FL 32043</b>			Mailing Address <b>3229 HIGHWAY 17 GREEN COVE SPRINGS, FL 32043</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>APPLIED FOR</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SOILEAU, JOHN W 3229 HIGHWAY 17 GREEN COVE SPRINGS, FL 32043</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <b>FL</b> 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 _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SOILEAU, JOHN W</b>	NAME	<b>Soileau, John W</b>		
STREET ADDRESS	<b>3229 HIGHWAY 17</b>	STREET ADDRESS	<b>3229 Highway 17</b>		
CITY-ST-ZIP	<b>GREEN COVE SPRINGS, FL 32043</b>	CITY-ST-ZIP	<b>Green Cove Springs, FL 32043</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>Soileau, Nina O</b>		
STREET ADDRESS		STREET ADDRESS	<b>3229 Highway 17</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>Green Cove Springs, FL 32043</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>Fields, Marcus A</b>		
STREET ADDRESS		STREET ADDRESS	<b>3339 Highway 17</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>Green Cove Springs, FL 32043</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	<b>900078524389</b>		
STREET ADDRESS		STREET ADDRESS	<b>08/09/06--01034--016 **\$1.25</b>		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>MARCUS A. Fields, President</u> 7-28-06 904-284-0639 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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