


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000046162**

1. Entity Name  
**OAKS BAYSIDE, INC.**



Principal Place of Business  
**2127 RINGLING BLVD.  
STE. 102  
SARASOTA, FL 34237 US**

Mailing Address  
**2127 RINGLING BLVD.  
STE. 102  
SARASOTA, FL 34237 US**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0623562**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VENABLE, JOSEPH P  
1400 4TH AVE. WEST  
BRADENTON, FL 34205**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VENABLE, JOSEPH P 1400 4TH AVE. WEST BRADENTON, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT PIERO RIVOLTA 215 ROBIN DR. SARASOTA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS RENZO RIVOLTA 215 ROBIN DRIVE SARASOTA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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05/12/06-80030-020 150.00

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:** Piero Rivolta **Piero Rivolta** 4-15-06 **941-954-0355**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Omyim Phone #