

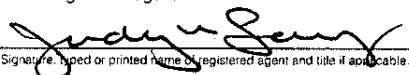
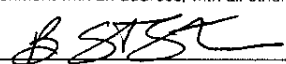


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90198 014 ***150.00

DOCUMENT # P96000057562 1. Entity Name OES OF NAPLES, INC.					
Principal Place of Business 3552 POINCIANA STREET NAPLES, FL 34105 US			Mailing Address 3552 POINCIANA STREET NAPLES, FL 34105 US		
2. Principal Place of Business 6461 BENVENUE AVENUE Suite, Apt. #, etc.		3. Mailing Address 5100 TAMiami TRAIL NORTH Suite, Apt. #, etc.			
City & State OAKLAND, CA		City & State NAPLES, FL		4. FEI Number 65-0681926	
Zip 94618		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRAUSS, EDWARD T 3552 POINCIANA STREET NAPLES, FL 34105			7. Name and Address of New Registered Agent Name JUDY M. LEVY Street Address (P.O. Box Number is Not Acceptable) 8955 FONTANA DEL SOL WAY City NAPLES FL Zip Code 34109		
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 4/7/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUSS, EDWARD T 3552 POINCIANA STREET NAPLES, FL 33942	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6461 BENVENUE AVENUE OAKLAND, CA 94618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUSS, BARBARA S 3552 POINCIANA STREET NAPLES, FL 33942	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6461 BENVENUE AVENUE OAKLAND, CA 94618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  BARBARA S. STRAUSS PRES. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-19-04		Daytime Phone # 888-277-9071