

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90129 006 ***150.00

FOR PROFIT-CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <i>096000065330</i>	
1. Entity Name	
OAK TREE INDUSTRIES, INC.	

40029343

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 230 Business Park Way Suite, Apt. #, etc.		3. Mailing Address 84 PENINSULA DRIVE	
City & State Royal Palm Beach, FL		City & State HILTON HEAD, SC	
Zip 33411	Country	Zip 29926	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0685869		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Ellis Robins	
	Street Address (P.O. Box Number is Not Acceptable) 230 Business Pak Way	
	City Royal Palm Beach	Zip Code 33411

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D George M Haworth 84 Peninsula Dr Hilton Head Island, SC 29926	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

George M Haworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date
3-8-05

(843) 837-6983

Daytime Phone #