2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2007 08:00 AN Secretary of State **DOCUMENT # P96000065330** 1. Entity Name OAK TREE INDUSTRIES, INC. Principal Place of Business Mailing Address **84 PENINSULA DR** 230 BUSINESS PARKWAY ROYAL PALM BEACH, FL 33411 HILTON HEAD ISLAND, SC 29926 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0685869 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE ROBINS, ELLIS 230 BUSINESS PARKWAY ROYAL PALM BEACH, FL 33411 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 DATE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITLE HAWORTH, GEORGE MICHAEL MARKE 84 PENINSULA DR STREET ADDRESS HILTON HEAD ISLAND, SC 29926 CITY-ST-ZIP TITLE NAME U00000669602 STREET ADDRESS 03/27/07-80076-020 150.00 CITY-ST-DP me HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS QTY-ST-ZP रका ह NAME STREET ADDRESS CSTY-ST-ZP TITLE

12. I hereby certify that the information supplied with this filling 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 anyaddress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

GEORGE M. HAWORTH, PRESIDE

_3-14-07

843-837-6983

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