
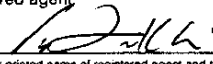



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90053 026 ***150.00

DOCUMENT # P96000077588 1. Entity Name WEST OAK MANAGEMENT INC.			
Principal Place of Business 9401 WEST COLONIAL DRIVE SUITE 248 OCOE, FL 34761		Mailing Address 9401 WEST COLONIAL DRIVE SUITE 248 OCOE, FL 34761	
2. Principal Place of Business - No P.O. Box # 7800 SAINT ANDREWS CIRCLE Suite, Apt. #, etc.		3. Mailing Address 7800 SAINT ANDREWS CIRCLE Suite, Apt. #, etc.	
City & State ORLANDO, FLORIDA Zip Country 32835		City & State ORLANDO, FLORIDA Zip Country 32835	
4. FEI Number 59-3400691		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LI, PATRICK P.W. 9401 WEST COLONIAL DRIVE SUITE 248 OCOE, FL 34761		7. Name and Address of New Registered Agent Name LI, PATRICK P.W. Street Address (P.O. Box Number is Not Acceptable) 7800 SAINT ANDREWS CIRCLE City ORLANDO State FL Zip Code 32835	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/13/2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 D NAME LI, PATRICK P.W. STREET ADDRESS 9401 WEST COLONIAL DRIVE, SUITE 248 CITY-ST-ZIP OCOE, FL 34761	<input type="checkbox"/> Delete	TITLE D NAME LI, PATRICK P.W. STREET ADDRESS 7800 SAINT ANDREWS CIRCLE CITY-ST-ZIP ORLANDO, FLORIDA 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LI, LILY STREET ADDRESS 9401 WEST COLONIAL DRIVE CITY-ST-ZIP OCOE, FL 34761	<input type="checkbox"/> Delete	TITLE D NAME LI, LILY STREET ADDRESS 7800 SAINT ANDREWS CIRCLE CITY-ST-ZIP ORLANDO, FLORIDA 32835	<input checked="" 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/13/2007 Daytime Phone # 407-399-8931	

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