


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 10, 2006 08:00 AM  
Secretary of State**

DOCUMENT # P96000089450  
1. Entity Name  
OAK POINT #1, INC.



Principal Place of Business 5070 N A1A 205 VERO BEACH, FL 32963	Mailing Address 5070 N A1A 205 VERO BEACH, FL 32963 US
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02102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0721924	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CALDWELL, WILLIAM W  
756 BEACHLAND BOULEVARD  
VERO BEACH, FL 32963

**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: *Warren L. Schwerin* DATE: 3/5/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PT SCHWERIN, WARREN L 667 OCEAN RD VERO BEACH, FL 32963
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03/21/06-80027-008 150.00

**DO NOT WRITE  
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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: *Warren L. Schwerin* WARREN L. SCHWERIN DATE: 3/5/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day System Phone #