


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90113 020 ***150.00

DOCUMENT # P97000094050 1. Entity Name HIDDEN OAKS PLACE, INC.																																																					
Principal Place of Business 8098 91ST TERRACE N. STE 240 LARGO, FL 33773 US			Mailing Address P.O. BOX 10007 LARGO, FL 33773 US																																																		
2. Principal Place of Business 8100 PARK BLVD Suite, Apt. #, etc. B-14 City & State PINELLAS PARK, FL Zip 33781 Country USA			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																		
4. FEI Number 59-3496146			Applied For Not Applicable																																																		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			04302005 Chg-P CR2E034 (10/03)																																																		
6. Name and Address of Current Registered Agent REED, JOHN W 8098 91ST TERRACE NORTH LARGO, FL 33773			7. Name and Address of New Registered Agent Name REED, JOHN W Street Address (P.O. Box Number is Not Acceptable) 8100 PARK BLVD B-14 City PINELLAS PARK FL Zip Code 33781																																																		
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: <u>X John W Reed</u> DATE: <u>4/30/05</u> <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, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> D REED, JOHN W 8098 91ST TERRACE NORTH SEMINOLE, FL 33777 </td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, JOHN W 8098 91ST TERRACE NORTH SEMINOLE, FL 33777	Delete <input type="checkbox"/>																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> D REED, JOHN W 8100 PARK BLVD B-14 PINELLAS PARK, FL 33781 </td> <td style="width:10%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, JOHN W 8100 PARK BLVD B-14 PINELLAS PARK, FL 33781	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																					
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																					
SIGNATURE: <u>X John W Reed</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/30/05</u> Daytime Phone #: <u>727.544-6085</u>																																																		

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