
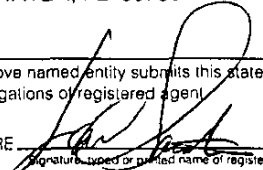
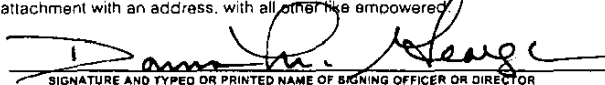


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90078 050 ***150.00

DOCUMENT # P98000010106 1. Entity Name OASIS MARKETING, INC.																											
Principal Place of Business 24761 US HWY 19 N #630 CLEARWATER, FL 33763 US		Mailing Address 24761 US HWY 19 N #630 CLEARWATER, FL 33763 US																									
2. Principal Place of Business - No P.O. Box # 2430 Estancia Blvd Suite, Apt. #, etc. Suite 108 City & State Clearwater, FL Zip 33761 Country US		3. Mailing Address 2430 Estancia Blvd Suite, Apt. #, etc. Suite 108 City & State Clearwater, FL Zip 33761 Country US																									
4. FEI Number 59-3497043		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03252007 Chg-P CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent SCOURTAS, LOUIS 24761 US HWY 19 NORTH SUITE 630 CLEARWATER, FL 33763		7. Name and Address of New Registered Agent Name Scourtas, Louis Street Address (P.O. Box Number is Not Acceptable) 2430 Estancia Blvd. Suite 108 City Clearwater FL Zip Code 33761																									
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  (NOTE: Registered Agent signature required when reinstating) DATE _____																											
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GEORGE, DONNA M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>24761 US HWY 19 N, STE 630</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CLEARWATER, FL 33765</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	GEORGE, DONNA M		STREET ADDRESS	24761 US HWY 19 N, STE 630		CITY - ST - ZIP	CLEARWATER, FL 33765		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>George, Donna M.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>650 Legends View Drive</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Eureka, MD 20325</td> <td></td> </tr> </table>		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	George, Donna M.		STREET ADDRESS	650 Legends View Drive		CITY - ST - ZIP	Eureka, MD 20325	
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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: 		3/30/07 President																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																									