


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90002 019 \*\*\*150.00

DOCUMENT # P98000015581 1. Entity Name OASIS OUTSOURCING BENEFITS II, INC.	
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Principal Place of Business 4400 N. CONGRESS AVE. #250 WEST PALM BEACH, FL 33407	Mailing Address 4400 N. CONGRESS AVE. #250 WEST PALM BEACH, FL 33407
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50003440



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0825614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  OASIS OUTSOURCING ATTN: TERRY MAYOTTE 4400 NORTH CONGRESS AVENUE, SUITE 250 WEST PALM BEACH, FL 33407	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS ROSEN, RICK 1001 BRICKELL BAY DR., 27TH FLOOR MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MNAYMNEH, SAMI 1001 BRICKELL BAY DR., 27TH FLOOR MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTCF MAYOTTE, TERRY P 4400 CONGRESS AVE., #250 WEST PALM BEACH, FL 33407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANEMANN, CHARLES J 1001 BRICKELL BAY DR., 27TH FL MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELVIN, STEPHEN 4400 N. CONGRESS AVE. 250 WEST PALM BEACH, FL 33407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 address, with all other like empowered.

SIGNATURE: Terry Mayotte 1-12-05 561-227-6500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #