2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

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Entity Name: OASIS OUTSOURCING BENEFITS II, INC.

Current Principal Place of Business:

4400 N. CONGRESS AVE.
#250
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

4400 N. CONGRESS AVE.
#250
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0825614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OASIS OUTSOURCING
ATTN: TERRY MAYOTTE
4400 NORTH CONTRESS AVENUE, SUITE 250
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

MAYOTTE, TERRY
4400 N CONGRESS AVE STE 250
WEST PALM BEACH, FL 33407 US

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.

SIGNATURE: TERRY MAYOTTE 01/03/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVPS ( ) Delete
Name: ROSEN, RICK
Address: 1001 BRICKELL BAY DR., 27TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete
Name: MNAYMNEH, SAMI
Address: 1001 BRICKELL BAY DR., 27TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: DTCF ( ) Delete
Name: MAYOTTE, TERRY P
Address: 4400 CONGRESS AVE., #250
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D (X) Delete
Name: HANEMANN, CHARLES J
Address: 1001 BRICKELL BAY DR., 27TH FL
City-St-Zip: MIAMI, FL 33131

Title: S ( ) Delete
Name: MELVIN, STEPHEN
Address: 4400 N. CONGRESS AVE. 250
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS (X) Change ( ) Addition
Name: PERLBERG, MARK
Address: 4400 N CONGRESS AVE STE 250
City-St-Zip: WEST PALM BEACH, FL 33407

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CFOD (X) Change ( ) Addition
Name: MAYOTTE, TERRY P
Address: 4400 CONGRESS AVE., #250
City-St-Zip: WEST PALM BEACH, FL 33407

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY MAYOTTE CFOD 01/03/2007
Electronic Signature of Signing Officer or Director Date