2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 23, 2004 08:00 AN Secretary of State **DOCUMENT # P99000004730** 1. Entity Name WHITE OAK HERITAGE POINTE, INC. Principal Place of Business Mailing Address 422 7TH STREET **422 7TH STREET** WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 01062004 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0901334 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RYAN, PAULA J DO NOT WRITE 422 7TH STREET IN THIS SPACE WEST PALM BEACH, FL 33401 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 Apent signature required when reinstating) DATE Signature, typed or printed page of registered agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TETLE NAME RYAN, PAULA J STREET ADDRESS **422 7TH STREET** U00000127774 04/26/04-80011-023 150.00 CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIF IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 rustee 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/ar/address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CETY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davilme Phone #