


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # V62931 1. Entity Name OXFORD REALTY, INC.	
--	---

Principal Place of Business 4700 MILLENIA BOULEVARD SUITE 175 ORLANDO, FL 32839 US	Mailing Address 6033 LEXINGTON PARK ORLANDO, FL 32819 US
--	--

DO NOT WRITE IN THIS SPACE



03132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3143550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HEWITT, CAROL ANN
6033 LEXINGTON PARK
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000863711 04/03/08 00104 006 150.00
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HEWITT, CAROL ANN 6033 LEXINGTON PARK ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **3/17/08 407-629-1222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #