


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90025 012 ***150.00

DOCUMENT # F96000000889					
1. Entity Name OASIS PUBLISHING, INC.					
Principal Place of Business 201 N. 8TH STREET SUITE 300 LINCOLN, NE 68508			Mailing Address 9130 S. DADELAND BLVD SUITE 1209 MIAMI, FL 33156 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 47-0741646	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROJAS, JOSE I ESQ 9130 S. DADELAND BLVD SUITE 1209 MIAMI, FL 33156			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT QUALSETT, RICHARD 1 HUGHES CENTER DR #1402 LAS VEGAS, NV 89169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD QUALSETT, RICHARD 1 HUGHES CENTER DR #1402 LAS VEGAS, NV 89169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SMITH, CRAIG 941 O ST., #800 LINCOLN, NE 68512	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SMITH, CRAIG 5930 NORMAN ROAD LINCOLN, NE 68512	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD QUALSETTE, DICK 941 O ST., #800 LINCOLN, NE 68508	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIR, RICHARD 352 LAKESHORE DR LINCOLN, NE 68528	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIR, RICHARD 352 LAKESHORE DR. LINCOLN, NE 68528	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
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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 of this report.

Richard Qualsett, Pres. (RICHARD QUALSETT) 1/25/08 702-240-9829