


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000005842</b> 1. Entity Name OAKLAND MANAGEMENT CORP.	
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Principal Place of Business 31731 NORTHWESTERN HWY STE. 250W FARMINGTON HILLS, MI 48334 US	Mailing Address 31731 NORTHWESTERN HWY STE. 250W FARMINGTON HILLS, MI 48334 US
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-3196699	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

LUPTAK, PAOLA M  
2201 NW CORPORATE BLVD  
SUITE 100  
BOCA RATON, FL 33431

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BEZDOS, MAURICE 31731 NORTHWESTERN HWY., STE 200E FARMINGTON HILLS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BEZDOS, NORMAN 31731 NORTHWESTERN HWY., STE 200E FARMINGTON HILLS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUPTAK, PAOLA 2295 CORPORATE BLVD NW 240 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEZDOS, HAROLD 31731 NORTHWESTERNHWY, #250W FARMINGTON, MI 48334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000762995  
05/29/07-80034-016-150.00

**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:  Maurice J. Beznos 4/23/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #