


03-27-2003 90321 001 *1,200.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

3/2

DOCUMENT # P02000131787 1. Entity Name OAKWOOD HOLDINGS, INC.	
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Principal Place of Business 316 N JOHN YOUNG PARKWAY SUITE 14 KISSIMMEE FL 34741	Mailing Address 316 N JOHN YOUNG PARKWAY SUITE 14 KISSIMMEE FL 34741
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

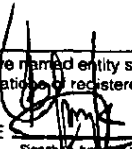
City & State	City & State	4. FEI Number 83-0344386	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent IDEAL OPPORTUNITIES, INC. 316 N JOHN YOUNG PARKWAY SUITE 14 KISSIMMEE FL 34741

7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 obligation of, registered agent.

SIGNATURE  *Peter J Groenendijk Pres* DATE *3/27/03*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTIAN VAN HOLTZ, LEOPOLD <input type="checkbox"/> Delete 316 N JOHN YOUNG PARKWAY SUITE 14 KISSIMMEE FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN HOLTZ-VAN EUCK, LOUISE <input type="checkbox"/> Delete 316 N JOHN YOUNG PARKWAY SUITE 14 KISSIMMEE FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GROENENDIJK, PETRUS J <input type="checkbox"/> Delete 316 N JOHN YOUNG PARKWAY SUITE 14 KISSIMMEE FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 attached page, with an address, with all other like empowered.

SIGNATURE  *Peter J Groenendijk* DATE *3/27/03* 407 944 9515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)