2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # P94000034226 1. Entity Name OAKES SPECTACULAR TRAINS, INC. Principal Place of Business Mailing Address 718 S.E. ADAMS COURT PORT ST LUCIE FL 34984 718 S.E. ADAMS COURT PORT ST LUCIE FL 34984 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FE! Number Applied For 65-0474496 Not Applicable Ζιρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCARTHY, TERENCE P 2081 E. OCEAN BOULEVARD, 2-A Street Address (P.O. Box Number is Not Acceptable) STUART FL 34996 City 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 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 9. Election Campaign Financing **\$5.00** May 8e After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE U00000526041 \square Change \square Addition TITLE PD ☐ Delete NAME OAKES, ANTHONY V. NAME 05/04/06-80059-002 150.00 STREET ADDRESS STREET ADDRESS 718 SE ADAMS CT CJTY-ST-7/P CITY-ST-ZIF PORT ST LUCIE FL TITLE ☐ Delete ☐ Change ☐ Addition MALAF OAKES, MARY MAAAF STREET ADDRESS 718 SE ADAMS CT STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP PORT ST LUCIE FL Delete TITLE TITLE ☐ Change ☐ Add© MAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7F CITY-SI-JP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE Delete THE ☐ Change 🔲 Addilio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06 172-979-1271