


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90045 045 ***150.00

DOCUMENT # P00000059293

1. Entity Name
INLET PROPERTIES, INC.



Principal Place of Business
**1200 WEST HIGHWAY 434
 SUITE 102
 LONGWOOD, FL 32750**

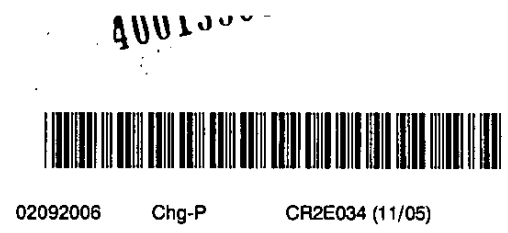
Mailing Address
**257 MINORCA BEACH WAY
 NEW SMYRNA BEACH, FL 32169**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country



6. Name and Address of Current Registered Agent
**LANDRY, CLAUDINE
 257 MINORCA BEACH WAY
 NEW SMYRNA BEACH, FL 32169**

4. FEI Number
59-3650927

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, CHARLES	
STREET ADDRESS	257 MINORCA BEACH WAY #1108	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDRY, CLAUDINE	
STREET ADDRESS	1525 PINE TREE DRIVE	
CITY-ST-ZIP	EDGEWATER, FL 32132	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUTLER, MYRON	
STREET ADDRESS	257 MINORCA BEACH WAY #1408	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norman Ortho	
STREET ADDRESS	257 Minorca Beach Way #505	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Claudine J. Landry* Date 2/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #