2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000055676

1. Entity Name

GULF BREEZE RESORTS, INC.



Principal Place of Business

3015 N.OCEAN BOULEVARD

SUITE 121

FORT LAUDERDALE, FL 33308

Mailing Address

3015 N.OCEAN BOULEVARD

SUITE 121

FORT LAUDERDALE, FL 33308

FILED May 03, 2005 8:00 am Secretary of State

05-03-2005 90118 050 ***150.00

And the second



04292005

No Chg-P

CR2E034 (10/03)

4. FEI Number 72-1566648 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, REBECCA A 3015 N OCEAN BLVD. STE. 121

STE. 121 FORT LAUDERDALE, FL 33308

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FORTLAC	DERDALE, FL 33306			IO OI AOL
	named entity submits this statement for the purpose of changing its regis ions of registered agent.	tered office or r	egistered agent, or both, in the	he State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis	itered Agent signatur	a required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FOSTER, REBECCA A 3015 N.OCEAN BOULEVARD SUITE 121 FORT LAUDERDALE, FL 33308			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LANDAU, MARC J 3015 N.OCEAN BOULEVARD SUITE 121 FORT LAUDERDALE, FL 33308			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO N	OT WRITE
TITLE NAME STREET ADORESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADORESS CITY-ST-ZIP				
TIFLE NAME STREET ADDRESS				

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 end 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 emplowered 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca A Foster 4/29/05 954.563.2444

Date

Daytime Phone #