


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

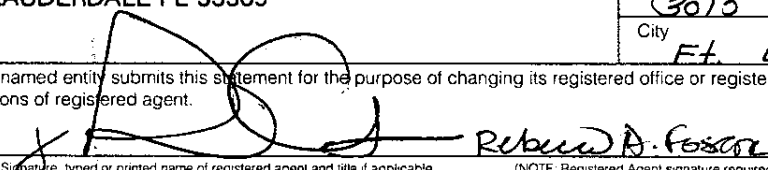
05-04-2004 90145 015 \*\*\*150.00

<b>DOCUMENT # P03000055681</b>			
1. Entity Name <b>GULF BREEZE RESORTS REALTY, INC.</b>			
Principal Place of Business <b>3015 N OCEAN BLVD STE 121 FT LAUDERDALE FL 33308</b>		Mailing Address <b>3015 N OCEAN BLVD STE 121 FT LAUDERDALE FL 33308</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

44044486



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>WASSERSTROM, ELLEN ESQ. GREENSPOON, MARDER, HIRSCHFELD, RAFKIN, RO 100 W CYPRESS CREEK RD STE 700 FT LAUDERDALE FL 33309</b>				4. FEI Number <b>32-0083619</b>		Applied For Not Applicable	
7. Name and Address of New Registered Agent Name <b>Rebecca A Foster</b> Street Address (P.O. Box Number is Not Acceptable) <b>3015 N. Ocean Blvd, Ste 121</b> City <b>Ft. Lauderdale</b> FL Zip Code <b>33308</b>				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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  <b>Rebecca A. Foster</b>				DATE <b>4/23/2004</b>			

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTINO, J.P. III 3015 N OCEAN BLVD STE 121 FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D/S</b> J.P. Ottino, III 3015 N Ocean Blvd, Ste 121 Ft Lauderdale, FL 333028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDAU, MARC J 3015 N OCEAN BLVD STE 121 FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V/T</b> Marc J Landau 3015 N Ocean Blvd, Ste 121 Ft Lauderdale, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Colleen Culen</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6800 Safari Trail Missimnee, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 attachment with an address with all other like empowered.

SIGNATURE:  **Rebecca A. Foster** x **4/23/2004** **954.569.2444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #