

2007 FOR PROFIT CORPORATION ANNUAL REPORT

2/1 **FILED**
Mar 15, 2007 8:00 am
Secretary of State

02-14-2007 90049 024 ***150.00

DOCUMENT # P98000073813

1. Entity Name
ROSEMARY BEACH REALTY INC.



Principal Place of Business
**16B SOUTH BARRETT SQUARE
 ROSEMARY BEACH, FL 32461**

Mailing Address
**P.O. BOX 611070
 ROSEMARY BEACH, FL 32461**

66005272



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02132007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
**GIBSON, GARY W
 16B SOUTH BARRETT SQUARE
 ROSEMARY BEACH, FL 32461**

4. FEI Number
59-3549867

Applied For
 Not Applicable

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

7. Name and Address of new Registered Agent
 Name
C T CORPORATION SYSTEM
 Street Address (P.O. Box Number is Not Acceptable)
1200 So. PINE ISLAND RD.
 City **PLANTATION** FL Zip Code **33324**

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.
Peter F. Souza
 Assistant Secretary
 SIGNATURE: *[Signature]* DATE: **3/12/07**

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BIENVENUE, PATRICK D 529 EAST SOUTH TEMPLE SALT LAKE CITY, UT 84102 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MAKI, CORINNE 529 EAST SOUTH TEMPLE SALT LAKE CITY, UT 84102 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VOD PINNOCK, LAURENCE W 529 EAST SOUTH TEMPLE SALT LAKE CITY, UT 84102 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SELLECK, JULIE H 16 S. BARRETT SQ PANAMA CITY, FL 32413 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GARY GIBSON 16 S. BARRETT SQ PANAMA CITY BEACH, FL 32413 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 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 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: *Julie Selleck, VP* DATE: **2/13/07** Filing Phone #: **850-231-2900**