2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2006 08:00 AN **DOCUMENT # 102535 Secretary of State** BRIAR BAY PROPERTIES INC. Mailing Address Principal Place of Business 14000 SW CITRUS BLVD. P.O. BOX 801 INDIANTOWN, FL 34956 INDIANTOWN, FL 34956 CR2E034 (11/05) 02052006 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-6060963 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSEN, BORIS DO NOT WRITE 150 SE 2ND AVE STE 1200 MIAMI, FL 33131 IN THIS SPACE 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 registored agent and title if applicable (NOTE Registered Agent signature required whon reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10, TITLE NAME TROUP, HELENE Z. STREET ABORESS 730 S ALHAMBRA CIRCLE CITY-ST-ZIP CORAL GABLES, FL 33146 U00000427048 02/20/06-80070-002 150.00 **DPTS** TITLE TROUP, HELENE Z NAME STREET ADDRESS 730 S ALHAMBRA CIR CITY-ST-ZIP CORAL GABLES, FL 33146 TITLE TROUP, LANCE NAME STREET ADDRESS 924 S ALHAMBRA CIRCLE DO NOT WRITE CHY-ST-ZIP MIAMI, FL 33146 TITLE IN THIS SPACE NAME TROUP, WILLIAM 9601 SW CITRUS BLVD. STREET ADDRESS CITY-ST-ZIP INDIANTOWN, FL 34956 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 807, 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:

STREET ADDRESS CITY-ST-719

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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