


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # 102535 1. Entity Name BRIAR BAY PROPERTIES INC.	
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Principal Place of Business 14000 SW CITRUS BLVD. INDIANTOWN, FL 34956	Mailing Address P.O. BOX 801 INDIANTOWN, FL 34956
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02052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6060963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROSEN, BORIS 150 SE 2ND AVE STE 1200 MIAMI, FL 33131

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROUP, HELENE Z. 730 S ALHAMBRA CIRCLE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS TROUP, HELENE Z 730 S ALHAMBRA CIR CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROUP, LANCE 924 S ALHAMBRA CIRCLE MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROUP, WILLIAM 9601 SW CITRUS BLVD. INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000427048
02/20/06-80070-002 150.00

DO NOT WRITE IN THIS SPACE

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: William J Troup *William J Troup* 2/6/06 (772) 260-4430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #