

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90105 025 ***150.00

60002083



01032007 Chg-P CR2E034 (12/06)

DOCUMENT # 102535 1. Entity Name BRIAR BAY PROPERTIES INC.																																																																																																																																																											
Principal Place of Business 14000 SW CITRUS BLVD. INDIANTOWN, FL 34956			Mailing Address P.O. BOX 801 INDIANTOWN, FL 34956																																																																																																																																																								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State		City & State																																																																																																																																																									
Zip	Country	Zip	Country	4. FEI Number 59-6060963																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																																																							
ROSEN, BORIS 150 SE 2ND AVE STE 1200 MIAMI, FL 33131				Name ROSEN, BORIS Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE STE 1400 City MIAMI, FL Zip Code 33131																																																																																																																																																							
8. The above named entity submits the 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 1-10-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">PD</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;"></td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">TROUP, HELENE Z.</td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">730 S ALHAMBRA CIRCLE</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;">CORAL GABLES, FL 33146</td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">DPTS</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">TROUP, HELENE Z</td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">730 S ALHAMBRA CIR</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;">CORAL GABLES, FL 33146</td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">VP</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">TROUP, LANCE</td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">924 S ALHAMBRA CIRCLE</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;">MIAMI, FL 33146</td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">VP</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">TROUP, WILLIAM</td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">9601 SW CITRUS BLVD.</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;">INDIANTOWN, FL 34956</td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	TROUP, HELENE Z.		NAME			STREET ADDRESS	730 S ALHAMBRA CIRCLE		STREET ADDRESS			CITY - ST - ZIP	CORAL GABLES, FL 33146		CITY - ST - ZIP			TITLE	DPTS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	TROUP, HELENE Z		NAME			STREET ADDRESS	730 S ALHAMBRA CIR		STREET ADDRESS			CITY - ST - ZIP	CORAL GABLES, FL 33146		CITY - ST - ZIP			TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	TROUP, LANCE		NAME			STREET ADDRESS	924 S ALHAMBRA CIRCLE		STREET ADDRESS			CITY - ST - ZIP	MIAMI, FL 33146		CITY - ST - ZIP			TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	TROUP, WILLIAM		NAME			STREET ADDRESS	9601 SW CITRUS BLVD.		STREET ADDRESS			CITY - ST - ZIP	INDIANTOWN, FL 34956		CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																								
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME	TROUP, HELENE Z.		NAME																																																																																																																																																								
STREET ADDRESS	730 S ALHAMBRA CIRCLE		STREET ADDRESS																																																																																																																																																								
CITY - ST - ZIP	CORAL GABLES, FL 33146		CITY - ST - ZIP																																																																																																																																																								
TITLE	DPTS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME	TROUP, HELENE Z		NAME																																																																																																																																																								
STREET ADDRESS	730 S ALHAMBRA CIR		STREET ADDRESS																																																																																																																																																								
CITY - ST - ZIP	CORAL GABLES, FL 33146		CITY - ST - ZIP																																																																																																																																																								
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME	TROUP, LANCE		NAME																																																																																																																																																								
STREET ADDRESS	924 S ALHAMBRA CIRCLE		STREET ADDRESS																																																																																																																																																								
CITY - ST - ZIP	MIAMI, FL 33146		CITY - ST - ZIP																																																																																																																																																								
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME	TROUP, WILLIAM		NAME																																																																																																																																																								
STREET ADDRESS	9601 SW CITRUS BLVD.		STREET ADDRESS																																																																																																																																																								
CITY - ST - ZIP	INDIANTOWN, FL 34956		CITY - ST - ZIP																																																																																																																																																								
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																																								
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																																								
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: HELENE Z TROUP 1/17/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																											