


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90093 018 ***150.00

DOCUMENT # 184569	
1. Entity Name BAYOU DWELLERS CABANA COLONY INC	

Principal Place of Business 460 ABALONE COURT FORT WALTON BEACH, FL 32528 US	Mailing Address 583 MOONEY ROAD FORT WALTON BEACH, FL 32547 US
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60009209



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01182007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent SULLIVAN, NADINE 583 MOONEY ROAD FT WALTON BEACH, FL 32547	
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4. FEI Number 59-2509589	Applied For <input type="checkbox"/> Not Applicable
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: <i>Benjamin F. Anderson</i> Signature, typed or printed name of registered agent and title if applicable.	President (NOTE: Registered Agent signature required when reinstating)
DATE: <i>January 26, 2007</i>	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TIPLER, FRANK		NAME Marie Gordon	
STREET ADDRESS 74 SPANISH FOR BLVD		STREET ADDRESS 82 SCOTLANDS	
CITY-ST-ZIP NEW ORLEANS, LA 70124		CITY-ST-ZIP Hamstead, NC 28443	
TITLE VPD	<input checked="" type="checkbox"/> Delete	TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, CATHERINE		NAME PD	
STREET ADDRESS 3 WINDY LANE		STREET ADDRESS Anderson, Benjamin F.	
CITY-ST-ZIP MARY ESTHER, FL 32569		CITY-ST-ZIP 569 L Ombre Cir. N.E.	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HEDDEN, LARRY H.		NAME Anderson, Benjamin F.	
STREET ADDRESS 4023 DOTSON DR		STREET ADDRESS 569 L Ombre Cir. N.E.	
CITY-ST-ZIP HUNTSVILLE, AL 35802		CITY-ST-ZIP Fort Walton Beach, FL 32547	
TITLE D	<input type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SULLIVAN, J. NADINE		NAME Anderson, Benjamin F.	
STREET ADDRESS 583 MOONEY RD		STREET ADDRESS 569 L Ombre Cir. N.E.	
CITY-ST-ZIP FORT WALTON BEACH, FL 32547		CITY-ST-ZIP Fort Walton Beach, FL 32547	
TITLE STD	<input type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ANDERSON, EDWIN		NAME Anderson, Benjamin F.	
STREET ADDRESS 5959 JARED COURT		STREET ADDRESS 569 L Ombre Cir. N.E.	
CITY-ST-ZIP SATSUMA, AL 36572		CITY-ST-ZIP Fort Walton Beach, FL 32547	

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: <i>Edwin Anderson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <i>1/18/07</i> Daytime Phone # <i>251 679-9027</i>