2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 328138

City-St-Zip: OCEAN RIDGE, FL 33435

HARRISON, CAROL

6855 N. OCEAN BLVD

(X) Delete

BOYNTON BEACH, FL 33435

Title:

Name:

Address:

City-St-Zip:

FILED Sep 27, 2006 Secretary of State

Entity Name: MAISONETTES SOUTH INC					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
6830 N. OCEAN BLVD OCEAN RIDGE, FL 33435					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
6855 N. OCEAN BLVD OCEAN RIDGE, FL 33435					
FEI Number:	59-1286294	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
HARRISON, CAROL GM OCEAN RIDGE MANAGEMENT, INC. 6855 N. OCEAN BLVD. OCEAN RIDGE, FL 33435 US			1201 GEORGE BUSH I	BALLERANO, JR., JAMES A 1201 GEORGE BUSH BOULEVARD DELRAY BEACH, FL 33483 US	
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.					
SIGNATURE: JAMES A. BALLERANO, JR.				09/27/2006	
	Electron	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () GRABNER, GEO 6830 N. OCEAN OCEAN RIDGE,	BLVD	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () BOARDMAN, W 6830 N. OCEAN OCEAN RIDGE,	BLVD.	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () FRANK, CLINTO 6830 N. OCEAN OCEAN RIDGE,	BLVD.	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	V () LESESNE, JOH		Title: (Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM BOARDMAN DP 09/27/2006

() Change () Addition