


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 644942 1. Entity Name ST. MARY'S RIVER BLUFFS, INC.	
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Principal Place of Business 11635 NW 1ST AVE GAINESVILLE, FL 32607	Mailing Address 11635 NW 1ST AVE GAINESVILLE, FL 32607
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CURTIS, JOHN M 11635 NW 1ST AVE GAINESVILLE, FL 32607
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DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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	VD RHODEN, THOMAS 789 6TH ST S, POB 386 MACCLENY, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURTIS, JOHN M 11635 NW 1ST AVE GAINESVILLE, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CURTIS, GAIL W 11635 NW 1ST AVE GAINESVILLE, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

200072295842
04/27/06--01019--014 **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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	John M. Curtis President	04/17/06 352-332-0838 <small>Date Daytime Phone #</small>
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FILED

2006 APR 19 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1979534	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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