## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # 702295  1. Entity Name 609 BAYSHORE DRIVE INC					O·	4-28-2006 9	90170 012 *	***61	.25
Principal Place of Business 609 BAYSHORE DRIVE FT LAUDERDALE, FL 33304		Mailing Address 609 BAYSHORE DRIVE FT LAUDERDALE, FL 33304			40069260				iði di (þúl
2 Principal Pi	Inco of Business	3. Mailing Address							
2. Principal Place of Business		/322 S. E. /2 * 57.  Suite, Apt. #, etc.							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04262006 Ct	ng-NP	CR2E037 (11	1/05)	
City & State	9	City & State FT. LAUDEN	nal	M	4. FEI Number 59-606961	2			olied For Applicable
Zip	Country	Zip	Count	try	5. Certificate of St	atus Desired		75 Addi	itional
	6. Name and Address of Current R	3 3 3/6	45	1+	7. Name and Add	ress of New R		•	
DIEDO MAI	•			Name					
RUPP, WILLIAM R. 1702 CORDOVA RD #2				Street Address (	(P.O. Box Number is Not Acceptable)				
FT. LAUDE	ERDALE, FL 33316		F	1322	56 17	7, 07	-		
	•			City	5.6.17 -Aunzen		FL Z	ip Code	211
	named entity submits this statement for	the purpose of changing its	registered	office or register	red agent, or both, in	the State of Flo	rida. 1 am familia	ر کد ک <u>د</u> erwith, a	and accept
the obligati	ions of registered agent.						, ,		
SIGNATURE .		W:11:0m	<u> R.</u>	Rupp	<i></i>	41	26/06		
	Signature, typed or printed name of registered agent ar	nd trile if applicable. (NOTE	E: Registered A	Agent signature require	d when reinstating}		DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Carr Trust Fund C	npaign Fin	ancing	\$5.00 May Be Added to Fees		ake check pay da Departmen		
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12. Hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Plorida Statutes. Find the 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; hat I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Rupp

4/26/06

Daytime Phone #