

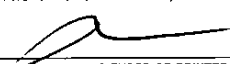


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90170 012 \*\*\*\*61.25

<b>DOCUMENT # 702295</b> 1. Entity Name 609 BAYSHORE DRIVE INC					
Principal Place of Business 609 BAYSHORE DRIVE FT LAUDERDALE, FL 33304			Mailing Address 609 BAYSHORE DRIVE FT LAUDERDALE, FL 33304		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address 1322 S.E. 17th ST.			
City & State Zip		City & State FT. LAUDERDALE, FL Zip 33316		4. FEI Number 59-6069612	
Country		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  RUPP, WILLIAM R. 1702 CORDOVA RD #2 FT. LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 1322 S.E. 17th ST. City FT. LAUDERDALE FL Zip Code 33316		
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  <u>William R. Rupp</u> <u>4/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RUPP, WILLIAM R. 2301 SE 19TH PL. FT. LAUDERDALE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DYE, ROBERT E 609 BAYSHORE DRIVE #7 FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD OLSON, WALTON 609 BAYSHORE DRIVE #5 FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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 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:  <u>William R. Rupp</u> <u>4/26/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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04262006 Chg-NP CR2E037 (11/05)