


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 727870 1. Entry Name BIRD BAY LEISURE, INC.		
Principal Place of Business 612 BIRD BAY DRIVE, S. VENICE FL 34292		Mailing Address 612 BIRD BAY DRIVE, S. VENICE FL 34292
2. Principal Place of Business Suite, Apt #, etc	3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
4. FEI Number 59-1547594		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent BAQUERO, MARY 612 BIRD BAY DRIVE S VENICE FL 34231	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ISON, DONALD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	612 BIRD BAY DR SOUTH	NAME	U00000404016
STREET ADDRESS	VENICE FL 34292	STREET ADDRESS	02/06/06-80029-024 61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD JENSEN, ROBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	612 BIRD BAY DR. SOUTH	NAME	
STREET ADDRESS	VENICE FL 34292	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD POLLOCK, ART <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	612 BIRD BAY DR. SOUTH	NAME	
STREET ADDRESS	VENICE FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD KLASKO, FRANK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	612 BIRD BAY DR SOUTH	NAME	
STREET ADDRESS	VENICE FL 34292	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mary Baquero* 1-24-06 (941) 488-8403