


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # H91770 1. Entity Name BLUE WATER OF DAYTONA, INC.	
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Principal Place of Business 1731 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119-2234	Mailing Address 1731 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119-2234
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DO NOT WRITE IN THIS SPACE

01082007 - No Chg-P CR2E034 (11/05)

4. FEI Number 59-2614249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MILLER, GAIL
1731 SOUTH RIDGEWOOD AVENUE
SOUTH DAYTONA, FL 32119

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000580800 01/10/07-80063-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, GARY 1731 S RIDGEWOOD AVE S DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, GAIL 1731 S RIDGEWOOD AVE S DAYTONA, FL 32119
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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: Gail Miller Gail Miller 1-8-07 761-1763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #