2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2007 8:00 am Secretary of State

							<i>J</i>	
DOCUMENT # K39210 1. Entity Name GULF BAY DEVELOPMENT VENTURES, INC.						04-10-2007	90021 031 ***150).00
Principal Place	e of Business	Mailing Address						
3200 TAMIAMI TRAIL N., STE 200 NAPLES, FL 34103 US		3200 TAMIAMI TRAIL N., STE 200 NAPLES, FL 34103 US			•			
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092007	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Number		1 - 	plied For
Zip	Country	Zip	Country		65-0077		\$8.75 Add	t Applicable
			,	'	5. Certificate of	of Status Desired	Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New i	Registered Agent	
WOODWARD, MARK J			Name	Name				
	IAMI TRAIL N., STE 200		Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
NAPLES, F	FL 34103		<u> </u>					 -
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			City				FL Zip Code	€
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	register	ed agent, or both	n, in the State of Fl	orida. I am familiar with,	and accept
SIGNATURE_								
0.0	Signature, typed or printed name of registered agent							
	Signature, types or printed trains or registered agents	and title if applicable. (NOTE:)	Registered Agent signatu	ne required	when rainstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign	n Financing	\$5.	00 May Be ed to Fees		DATE	
	E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib	n Financing	\$5.	00 May Be ed to Fees	CHANGES TO OF	DATE FICERS AND DIRECTORS	S IN 11
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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.

2/1/07 (239) 732–9400

SIGNATURE: _

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #