

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N06000010856

Entity Name: BAY OF DREAMS, INC.

Current Principal Place of Business:

3909 EAST BAY DR.
115
HOLMES BEACH, FL 34217 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1849
ANNA MARIA, FL 34216 US

New Mailing Address:

FEI Number: 51-0607580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEBB, CHARLES H
3909 EAST BAY DR.
SUITE 115
HOLMES BEACH, FL 34217 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEBB, CHARLES H
Address: P.O. BOX 1849
City-St-Zip: ANNA MARIA, FL 34216 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: WEBB, CHARLES H
Address: P.O. BOX 1849
City-St-Zip: ANNA MARIA, FL 34216 US

Title: VP D () Change (X) Addition
Name: SCHROEDER, DONALD
Address: 618 BARONET LN
City-St-Zip: HOLMES BEACH, FL 34217

Title: T D () Change (X) Addition
Name: LAPENSEE, KAREN
Address: P.O. BOX 614
City-St-Zip: ANNA MARIA, FL 34216

Title: S D () Change (X) Addition
Name: AQUILINE, ELLEN
Address: 8441 47TH ST. CIRCLE EAST
City-St-Zip: PALMETO, FL 34221

Title: VP D () Change (X) Addition
Name: WEBB, WENDE
Address: 4160-66TH ST CIRCLE W
City-St-Zip: BRADENTON, FL 34209

Title: VP D () Change (X) Addition
Name: IBASFALEAN, KIM
Address: 4217-126TH ST. W
City-St-Zip: CORTEZ, FL 34215

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES H. WEBB

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date