


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90037 009 ****61.25

DOCUMENT # N06600 1. Entity Name NORTH BAY FLOTILLA, INC.	
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Principal Place of Business P.O. BOX 1636 CRESTVIEW, FL 32536	Mailing Address P.O. BOX 1636 CRESTVIEW, FL 32536
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2. Principal Place of Business 2871 SILVERHILLS	3. Mailing Address PO BOX 1636
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CRESTVIEW, FL	City & State CRESTVIEW, FL
Zip 32536	Country OKALOOSA
Country OKALOOSA	Zip 32536-7636



02092006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2721520		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HAYS, STEPHEN R P.O. BOX 1636 871 SILVERHILLS ST CRESTVIEW, FL 32536		
7. Name and Address of New Registered Agent Name HAYS, STEPHEN R. Street Address (P.O. Box Number is Not Acceptable) PO BOX 1636 2871 SILVERHILLS City CRESTVIEW FL Zip Code 32536		

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 *Stephen R. Hays* DATE **9 FEB 06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	VD LULUE, JOHN 2805 W HWY 98 MARY ESTHER, FL 32569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIVENS, JOHN W. PO BOX 864, NA NICEVILLE, FL 32588 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAY, STEPHEN P.O. BOX 1636 CRESTVIEW, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STD HAYS, STEPHEN PO BOX 1636 CRESTVIEW, FL 32536-7636
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stephen R. Hays* DATE **9 FEB 06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR