2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N07000011918

Entity Name: 1756 BAYSHORE INC.

Current Principal Place of Business:

1756 SW BAY SHORE
PORT ST LUCIE, FL 34984

New Principal Place of Business:

1756 SW BAYSHORE
PORT ST LUCIE, FL 34984

Current Mailing Address:

1756 SW BAY SHORE
PORT ST LUCIE, FL 34984

New Mailing Address:

1756 SW BAYSHORE
PORT ST LUCIE, FL 34984

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

APICELLA, JOHANNA
1756 SW BAYSHORE
PORT ST LUCIE, FL 34984 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: D ( ) Delete
Name: APICELLA, JOHANNA
Address: 1756 SW BAYSHORE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: D ( ) Delete
Name: NICHOLSON, ANDREA
Address: 1756 SW BAYSHORE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: D ( ) Delete
Name: JOHNSON, BONNEY
Address: 1756 SW BAYSHORE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: D ( ) Delete
Name: MOORE, SUSAN
Address: 1756 SW BAYSHORE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: D ( ) Delete
Name: MCCALLUM, GAIL
Address: 1756 SW BAYSHORE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: D ( ) Delete
Name: SMALLACOMBE, ROBERT
Address: 1756 SW BAYSHORE
City-St-Zip: PORT ST LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHANNA APICELLA D 04/30/2008
Electronic Signature of Signing Officer or Director — Date