


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90035 017 ****61.25

DOCUMENT # N23712			
1. Entity Name ARENA DE MADEIRA CONDOMINIUM, INC.			
Principal Place of Business ARENA DE MADEIRA 14110 GULF BLVD. MADIERA BEACH, FL 33708 US		Mailing Address 300 S. DUNCAN AVE., STE 220B CLEARWATER, FL 33755 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02012006 Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-2110732	
		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		7. Name and Address of New Registered Agent	
COMMONS, RICHARD C PA 300 S. DUNCAN AVE., STE 220B CLEARWATER, FL 33755		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ DATE _____
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	S	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATE, PAT		NAME	Art Clark	
STREET ADDRESS	231 BALLANTRAE LANE		STREET ADDRESS	P.O. Box 8444	
CITY-ST-ZIP	HOUSTON, TX 77015		CITY-ST-ZIP	Seminole, FL 33775	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, STEPHEN		NAME		
STREET ADDRESS	202 INGLEWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	FREDERICTON, NB, CANADA, e2b 2k6		CITY-ST-ZIP		
TITLE	DR S	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATE, ROGER		NAME		
STREET ADDRESS	231 BALLANTRAE LANE		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77015		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARTIN		NAME		
STREET ADDRESS	520 MACDONALD RD		STREET ADDRESS		
CITY-ST-ZIP	OAKVILLE, ONTARIO, CANADA, 16j 2b9		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDNAR, GENE		NAME		
STREET ADDRESS	3666 MENAMONEE RIVER PKWY		STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE, WI 53222		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Carter **STEPHEN CARTER** FEB 13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #