2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 8:00 am Secretary of State

DOCUMENT # N9400003527 1. Entity Name BIT O' HEAVEN PARK, INC.								02-21-2005	90076 02	!0 ****61	25	
Principal Place of Business 73 E. BRADLEY ST. #12 DESTIN, FL 32550 US			Mailing Address 73 E. BRADLEY ST. #12 DESTIN, FL 32550 US				20013981					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02112005 Chg-NP CR2E037 (10/03)					
City & State			City & State				4. FEI Number Applied For 59-3260087 Not Applicable					
Zíp	ip Country		Zip		Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name and Addre	ess of Current Register	ed Agent			_	7. Name and	Address of New	Registered #	igent		
GREEN, WILLIAM H 22 EAST BALDWIN AVE.					Name Street Address (P.O. Box Number is Not Acceptable)							
	SPRINGS, FL 32	2433				,						
						FL Zip Code						
	ions of registered agent	nis statement for the purp e of registered agent and title if app					when reinstating)	II, III III SIALE OI I	DATE	arma with,	and accept	
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Fiorida Department of State					
10.	OFF	ICERS AND DIRECTORS		11.			ADDITIONS/CHA	NGES TO OFFIC	ERS AND DIF	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DEBRUYN, REVA 73 EAST BRADLEY MIRAMAR BEACH,		Delete			100	el Mobley Mobley Dr AL 3607		2	Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIPF, FERN 73 E. BRADLEY ST DESTIN, FL 32550	., 10	Delete			Rober Rober	+ Ridgway Indigo Lo	ed North		Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete			5/T Jil 7 15 H	Hidgway untleight W ouis Mo	loods		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delele			D Ken 1 183 S	Vicholson Southern S Son GA	hoves Dr.		Change	Addition	
TITLE NAME STREET ADDRESS CHY-SI-ZIP			☐ Delete			Dani 80 1	u O'Neal	1 Street Lal	-9	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition	
12. I hereby o	certify that the information	n supplied with this filing	does not qualify for	the exe	mption sta	ted in Se	ction 119.07(3)(i), Florida Statutes	. I further cert	lify that the ir	nformation	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF MONING OFFICER OR DIRECTOR