


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000002594 1. Entity Name BIMINI ONE HUNTING ASSOCIATION INC.	
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Principal Place of Business CHARLES BEMBRY PO BOX 2162 BUNNELL, FL 32110 US	Mailing Address 6156 DEL RIO DRIVE PORT ORANGE, FL 32127 US
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03142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3393716	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MERCER, LOUIE W 6156 DEL RIO DRIVE PORT ORANGE, FL 32127
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEMBRY, CHARLES PO BOX 2162 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURVIS, AL 2005 S CLARA AV DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAYARDS, ALVIN RT 1 BOX 184 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, PAT 126 PINO TREE LN BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLES, JEFF 4051 ACORN AV BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, RICHARD 1576 HAMMOCK DR HOLLY HILL, FL 32117

U00000673062
03/29/07-80014-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Imecur for Bimini One L W Mercer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-07
Date

386-527-0165
Daytime Phone #