
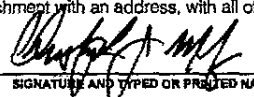


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000006138</b> 1. Entity Name <b>NORTH PORT MARKET PLACE ASSOCIATION, INC.</b>		
Principal Place of Business <b>C/O BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIR. STE. 325 CORAL GABLES, FL 33134 US</b>		Mailing Address <b>C/O BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIR. STE. 325 CORAL GABLES, FL 33134 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MACNAIR, CHRISTOPHER J C/O BAYSHORE LAND GROUP, INC. 255 ALHAMBRA CIR. STE. 325 CORAL GABLES, FL US</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$81.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP MACNAIR, CHRISTOPHER J 255 ALHAMBRA CIR. STE. 325 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV FERTIG, JAY 255 ALHAMBRA CIR. STE. 325 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVST SOFFER, MARSHA 2875 NE 191 ST., STE. 400 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS 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:  <b>Christopher J. MacNair</b>		Date <b>4/20/06</b> Daytime Phone # <b>305-445-6161</b>



04192006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0792663</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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05/06/06-80047-013 61.25

**DO NOT WRITE  
IN THIS SPACE**