2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 02, 2008
Secretary of State

DOCUMENT# P00000104765

Entity Name: BAY FOREST REAL ESTATE SERVICES, INC.

Current Principal Place of Business:

377 BAY FOREST DRIVE
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

377 BAY FOREST DRIVE
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 65-1086766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAUS, CHERYL R
1072 GOODLETTE ROAD NORTH
NAPLES, FL 34102 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: P ( ) Delete
Name: CARLSON, JAMES M
Address: 15260 CEDARWOOD LANE, #A201
City-St-Zip: NAPLES, FL 34110 US

Title: VP ( ) Delete
Name: BERGERON, RICHARD E
Address: 363 BAY FOREST DRIVE
City-St-Zip: NAPLES, FL 34110 US

Title: S ( ) Delete
Name: DAVIS, BILL
Address: 15191 CEDARWOOD LANE, #2505
City-St-Zip: NAPLES, FL 34110

Title: T ( ) Delete
Name: SHULMAN, EPHRAIM
Address: 15383 ROYAL FERN LANE N.
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: PINO, SANTO H
Address: 15174-2 MAJORCA BAY DRIVE
City-St-Zip: NAPLES, FL 34110

Title: AS ( ) Delete
Name: HAMPTON, BRYANT L
Address: 377 BAY FOREST DRIVE
City-St-Zip: NAPLES, FL 34110

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: AS (X) Change ( ) Addition
Name: STAMM, TONI G
Address: 15529 ROYAL FERN COURT N.
City-St-Zip: NAPLES, FL 34110

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. CARLSON P 07/02/2008

Electronic Signature of Signing Officer or Director — Date