²2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 02, 2006 08:00 AM DOCUMENT # P01000068939 1. Entity Name **Secretary of State** TREASURE BAY PROPERTIES, INC. Mailing Address Principal Place of Business 13550 GRAND ISLAND SHORES RD GRAND ISLAND FL 32735 13550 GRAND ISLAND SHORES RD GRAND ISLAND FL 32735 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 59-3736458 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROUSE, JACK G Street Address (P.O. Box Number is Not Acceptable) 13550 GRAND ISLAND SHORES RD **GRAND ISLAND FL 32735** City 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 DATE (NOTE: Registered Agent signature required when roinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE ☐ Delete NAME ROUSE, JACK MAME U000000453059 STREET ADDRESS STREET ADDRESS 13550 GRAND ISLAND SHORES RD 03/14/06-80004-016 158.75 GRAND ISLAND FL 32735 CITY-ST-ZIP CITY-ST-ZIP TITLE **VS** ☐ Delete ☐ Change ☐ Addition NAME NAME ROUSE, JANET H STREET ADDRESS 13550 GRAND ISLAND SHORES RD STREET ADDRESS CHTY-ST-ZIP GRAND ISLAND FL 32735 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE