2006 FOR PROFIT CORPORATION

Mar 09, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P01000096297** 03-09-2006 90153 010 ***150 00 RIVER BAY DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 597 COREY AVE 597 COREY AVE SAINT PETERSBURG, FL 33706 SAINT PETERSBURG, FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02272006 Chg-P City & State City & State 4. FEI Number Applied For St. Pete Beach, FL St. Pete Beach, FL 59-3751767 Not Applicable Country Zip \$8.75 Additional 33706 5. Certificate of Status Desired USA 33706 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOUGLASS, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 597COREY AVE SAINT PETERSBURG, FL 33706 Zip Code 33706 City St. Pete Beach 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DP ☐ Change Addition TITLE ☐ Delete TITLE DOUGLASS, ROBERT A NAME NAME STREET ADDRESS STREET ADDRESS 597 COREY AVE CITY-ST-ZIP SAINT PETERSBURG, FL 33706 CITY-ST-ZIP St. Pete Beach, FL 33706 ☐ Change ☐ Addition TITLE ☐ Delète TITLE WADSWORTH, LON C NAME STREET ADDRESS 267 75TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETE BCH, FL 33706 ☐ Change Addition TITLE Delete TITLE CLARK, ROBERT P NAME NAME STREET ADDRESS 3901 13TH WAY NE STREET ADDRESS CITY-ST-7IP SAINT PETERSBURG, FL 33703 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete

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 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 priher ske empowered.

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Douglass 3/2/06 727-367-5614

FILED