2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098194

680 ESTATES WAY

ATLANTIS, FL 33462

Address: City-St-Zip:

Entity Name: BANYAN BEACH BOOKING AGENCY, INC

FILED Aug 30, 2005 Secretary of State

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|---|--|----------------------------------|---|--|--|
| Current P | rincipal Place | of Business: | New Principal Place | New Principal Place of Business: | |
| 680 ESTA ATLANTIS | TES WAY 5, FL 33462 | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 680 ESTA ATLANTIS | TES WAY 5, FL 33462 | | | | |
| FEI Number | : 65-1144769 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| 590 ROYA | AWRENCE M LL PALM BEAC ALM BEACH, F | SH BLVD., | | | |
| | named entity : e of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electror | nic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DPS () STENSON, CHI 680 ESTATES ATLANTIS, FL | WAY | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () STENSON, DAV 680 ESTATES ATLANTIS, FL | WAY | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | D () STENSON, MA |) Delete RGARET A | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER STENSON DPS 08/30/2005