2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 19, 2005 08:00 AM **DOCUMENT # P01000106808 Secretary of State** HERON BAY INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 10100 WEST SAMPLE ROAD 10100 WEST SAMPLE ROAD THIRD FLOOR THIRD FLOOR CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 02162005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 45-0462985 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALLBERG & RENZY, P.A. DO NOT WRITE 10100 WEST SAMPLE ROAD SUITE 306 IN THIS SPACE CORAL SPRINGS, FL 33065 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. TILE ĐΡ NAME RENZY, RON STREET ADDRESS 10100 WEST SAMPLE ROAD, THIRD FLOOR CITY-ST-ZIP CORAL SPRINGS, FL 33065 MILE NAME RENZY, SR., RON STREET ADDRESS 10100 WEST SAMPLE ROAD, THIRD FLOOR U00000236021 02/21/05-80001-012 150.00 CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITE F RENZY, RYAN 10100 WEST SAMPLE ROAD, THIRD FLOOR STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CORAL SPRINGS, FL 33065 IN THIS SPACE NAME STREET ADDRESS CITY -ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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