


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90384 047 \*\*\*150.00

<b>DOCUMENT # P01000117585</b>		
1. Entity Name BAYSHORE VIEW INVESTMENTS, INC. ✓		

Principal Place of Business 7510 BEACH VIEW DR N BAY VILLAGE, FL 33141 X	Mailing Address 7510 BEACH VIEW DR N BAY VILLAGE, FL 33141 ✓
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2. Principal Place of Business 7931 EAST DRIVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NORTH BAY VILLAGE, FL	City & State
Zip 33141	Country



01272005 Chg-P CR2E034 (10/03)

4. FEI Number 60-0000058	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NETHONGKOME, YONGYUTH 1260 NE 97TH ST MIAMI SHORES, FL 33138 X		Name NETHONGKOME, YONGYUTH Street Address (P.O. Box Number is Not Acceptable) 7510 BEACH VIEW DRIVE City NORTH BAY VILLAGE FL Zip Code 33141	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NETHONGKOME, YONGYUTH 1260 NE 97TH ST MIAMI SHORES, FL 33138 X <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NETHONGKOME, YONGYUTH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7510 BEACH VIEW DRIVE NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNATTONGEOME, SIRIPHAN 1260 NE 97TH ST MIAMI SHORES, FL 33138 X <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNATTONGEOME, SIRIPHAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7510 BEACH VIEW DRIVE NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 answered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 01/28/08	Daytime Phone # _____
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