


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90253 019 ***150.00

DOCUMENT # P02000058179 1. Entity Name BOGUE ISLAND PROPERTIES, INC.					
Principal Place of Business 5553 HAVERFORD WAY, STE B LAKE WORTH, FL 33463			Mailing Address PO BOX 5358 LAKE WORTH, FL 33466-5358		
2. Principal Place of Business 1205 15th Ave North		3. Mailing Address 			
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. 			
City & State Lake Worth Florida		City & State 		4. FEI Number 47-0867982	
Zip 33460		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOGUE ASSOCIATES 5553 HAVERFORD WAY, STE B LAKE WORTH, FL 33463			7. Name and Address of New Registered Agent Name 		
			Street Address (P.O. Box Number is Not Acceptable) 1205 15th Avenue North, Suite B		
			City Lake Worth FL Zip Code 33460		
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 <u><i>[Signature]</i></u> for <u>Bogue Associates</u> 03 Apr 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUNDBERG, BARBARA A PO BOX 5358 LAKE WORTH, FL 334665358	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCDT PORTER, DAVID J PO BOX 5358 LAKE WORTH, FL 334665358	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> 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 other like empowered.			SIGNATURE: <u><i>[Signature]</i></u> 03 Apr 2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date		
			361-969-3004 Daytime Phone #		