2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000078651

Entity Name: BONITA BAY GROUP REALTY, INC.

FILED Mar 02, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
9990 COCONUT RD. SUITE 200 BONITA SPRINGS, FL 34135					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
9990 COCC SUITE 200 BONITA SP		34135			
FEI Number: (04-3704459	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
WHITNEY, SCOTT R 9990 COCONUT RD. SUITE 200 BONITA SPRINGS, FL 34135 US					
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.					
SIGNATURE:					
	Electro	onic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
Title: Name: Address: City-St-Zip:	LUCAS, DAVII 9990 COCON) Delete D UT RD. STE 200 NGS, FL 34135	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GREEN, KATH 9990 COCON) Delete HERINE C UT RD. STE 200 NGS, FL 34135	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DUMAS, GAR 9990 COCON) Delete Y UT RD. STE 200 NGS, FL 34135	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EASTMAN-BIL 9990 COCON) Delete .LINGS, KELLI UT RD. NGS, FL 34135	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BLAIR, YVON 9990 COCON		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LUCAS, BRIAI 9990 COCON		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: GARY DUMAS 03/02/2009 ٧ Date