

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098101

Entity Name: MGB OF GULF BREEZE, INC.

FILED  
Apr 18, 2006  
Secretary of State

**Current Principal Place of Business:**

1449 PLAYERS CLUB CIRCLE  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

1449 PLAYERS CLUB CIRCLE  
GULF BREEZE, FL 32563

**New Mailing Address:**

FEI Number: 52-2377110

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BALLINGER, GLENYS  
1449 PLAYERS CLUB CIRCLE  
GULF BREEZE, FL 32563 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BALLINGER, GLENYS  
Address: 1449 PLAYERS CLUB CIRCLE  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MALCOLM BALLINGER

PUBL

04/18/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date