
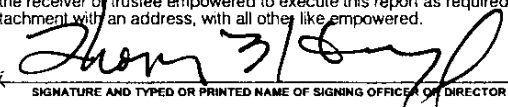


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90180 022 ***150.00

DOCUMENT # P03000015505					
1. Entity Name TRADEWINDS OF BAY COUNTY BEACH SERVICES, INC.					
Principal Place of Business 12889 EMERALD COAST PKWY., STE. 111-A DESTIN, FL 32550			Mailing Address 12889 EMERALD COAST PKWY., STE. 111-A DESTIN, FL 32550		
2. Principal Place of Business - No P.O. Box # 6910 E. CR 30A		3. Mailing Address 6910 E. CR 30A			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Prominence FL		City & State Prominence FL		4. FEI Number 41-2140059	
Zip 32413		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY, THOMAS B JR. 12889 EMERALD COAST PKWY., STE. 111-A DESTIN, FL 32550		7. Name and Address of New Registered Agent Name: Thomas B Henry Jr. Street Address (P.O. Box Number is Not Acceptable): 6910 E. CR 30A City: Prominence FL Zip Code: 32413			
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P HENRY, THOMAS S JR 12889 EMERALD COAST PKWY., SUITE 111-A DESTIN, FL 32550	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Henry, Thomas Jr. 6910 E. CR 30A Prominence FL 32413	<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
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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"/> Change <input type="checkbox"/> Addition
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: 		4/11/07		850-231-7942	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	