

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 SEP 11 PH 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000019062					
1. Entity Name WATERFRONT RESTORATION & DEVELOPMENT, INC.					
Principal Place of Business 13340 86TH ROAD NORTH WEST PALM BEACH, FL 33412			Mailing Address 13340 86TH ROAD NORTH WEST PALM BEACH, FL 33412		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1540992	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLO, JAMES 13340 86TH ROAD NORTH WEST PALM BEACH, FL 33412			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Amended AR is \$61.25		9. Election Campaign Financing <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	DP GALLO, JAMES V 13340 86TH ROAD NORTH WEST PALM BEACH, FL 33412		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500079731395 09/12/06--01062--023 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPARKS, CHRISTOPHER J 1696 FARMINGTON CIRCLE WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL J. GICAGIO 6286 MULLIN ST JUPITER, FL 33458		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 9/21/06 Daytime Phone #: 561 899 8070		

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