

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90341 005 \*\*\*150.00

<b>DOCUMENT # P03000039325</b> 1. Entity Name <b>1023 BY THE SEA CORP.</b>					
Principal Place of Business <b>130 CALABRIA SP COVE SANFORD, FL 32771</b>			Mailing Address <b>130 CALABRIA SP COVE SANFORD, FL 32771</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. <b>606 VICTORIA HILLS DR</b>			Suite, Apt. #, etc. <b>606 VICTORIA HILLS DR</b>		
City & State <b>DELAND, FL</b>			City & State <b>DELAND FL</b>		
Zip <b>32724</b>			Zip <b>32724</b>		
Country <b>US</b>			Country <b>US</b>		
4. FEI Number <b>35-2202385</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>GUADAGNINO, ANTHONY 130 CALABRIA SP COVE SANFORD, FL 32771</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>606 VICTORIA HILLS DR</b> City <b>DELAND</b> <b>FL</b> Zip Code <b>32724</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUADAGNINO, ANTHONY 130 CALABRIA SPRINGS COVE SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>606 VICTORIA HILLS DR. DELAND, FL 32724</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUADAGNINO, NANCY 130 CALABRIA SPRINGS COVE SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>606 VICTORIA HILLS DR. DELAND, FL 32724</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARINO, KATHLEEN 16 WOODRIDGE DRIVE OCALA, FL 34482	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP NICHOLAS GUADAGNINO <del>606 VICTORIA HILLS DR</del> <del>DELAND, FL 32724</del> <del>606 VICTORIA HILLS DR</del> <del>DELAND, FL 32724</del></b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>606 VICTORIA HILLS DR DELAND, FL 32724</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b> <b>Anthony Guadagnino Pres</b> <b>3/14/06</b> <b>407 312 9741</b>					