2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 12, 2006 08:00 AN DOCUMENT # P03000050345 **Secretary of State** FLORIDA & BAHAMAS MAGAZINE, INC. Principal Place of Business Mailing Address 2349 NE 30TH COURT 2349 NE 30TH COURT LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1693901 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TURNER, LAWRENCE O JR. DO NOT WRITE 2349 NE 30TH COURT LIGHTHOUSE POINT, FL IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS C TITLE TURNER, ROBERTA NAME STREET ADDRESS 2349 NE 30 CT U00000383278 U1/12/06-80048-001 150.00 CITY-ST-ZIP POMPANO BEACH, FL 33064 TITLE NAME TURNER, LAWRENCE STREET ADDRESS 2349 NE 30 CT CITY-ST-ZIP POMPANO BEACH, FL 33064 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS City-ST-ZIP TITLE NAME

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 cath; 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06 954.727.

O. TURNUR, JA