## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachmen

SIGNATURE:

## May 02, 2006 8:00 am Secretary of State DOCUMENT # P03000051071 05-02-2006 90422 047 \*\*\*150.00 TIDE WAY DEVELOPMENT GROUP, INC. 400/3334 Principal Place of Business Mailing Address 1440 N. NOVA RD. SUITE 305 1440 N. NOVA RD. SUITE 305 DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172006 CR2E034 (11/05) Chq-P City & State City & State 4. FEI Number Applied For 32-0076910 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JE ALFCED WEBER, JR, ALFRED R. Box Number is Not Acceptable) 1 HARGROVE SUITE 1B PALM COAST, FL 32137 **ブギァ** 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 ueper 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition WEBER, ALFRED R NAME STREET ADDRESS 1 HARGROVE GRADE, SUITE 1B STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Addition ☐ Change NAME WEBER, PATRICK NAME STREET ADDRESS 1 HARGROVE GRADE, SUITE 1B STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-7IP TITLE COOV ☐ Addition Delete TITLE ☐ Change WEBER, ALFRED R JR NAME 1 HARGROVE GRADE, SUITE 1B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP THILE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P 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 receive of 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

REd Rue bee JEDVP 4/30/06 386-25

FILED