


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 04, 2007 08:00 A
Secretary of State**

DOCUMENT # P04000005106 1. Entity Name OLD MEXICO OF BLUEWATER BAY, INC	
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Principal Place of Business 4506 HIGHWAY 20 EAST SUITE 150 NICEVILLE, FL 32578 US	Mailing Address P O BOX 484 MOULTRIE, GA 31776 US
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04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0620137	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AVALOS, ALFONSO RA
4506 HIGHWAY 20 EAST
SUITE 150
NICEVILLE, FL 32578

DO NOT WRITE 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

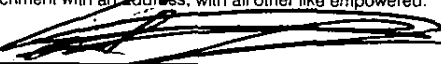
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLORIO, SANTIAGO R 114 ST FRANCIS ROAD EUFULA, AL 36027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOLORIO, SANTIAGO R 114 ST FRANCIS ROAD EUFULA, AL 36027
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05/25/07-80055-017 150.00

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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 addressee, with all other like empowered.

SIGNATURE:  **4-30-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #