2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005
Secretary of State

DOCUMENT# P04000066234

Entity Name: BOCA BAY FINANCIAL SERVICES, INC.

Current Principal Place of Business:

4504 SW 19TH PLACE
CAPE CORAL, FL 33914

New Principal Place of Business:

4720 SE 15TH AVENUE
#202
CAPE CORAL, FL 3390

Current Mailing Address:

4504 SW 19TH PLACE
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 52-2442935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY, PAULA A
4504 SW 19TH PLACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: KELLY, PAULA A
Address: 4504 SW 19TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP ( ) Delete
Name: WOODARD, RICHARD R
Address: 4504 SW 19TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: SEC ( ) Delete
Name: KELLY, PAULA A
Address: 4504 SW 19TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: TRES ( ) Delete
Name: WOODARD, RICHARD R
Address: 4504 SW 19TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: WOODARD, CATHERINE
Address: 4720 SE 15TH AVENUE SUITE #202
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change ( ) Addition
Name: WOODARD, CATHERINE
Address: 4720 SE 15TH AVENUE SUITE #202
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA KELLY PRES 03/31/2005
Electronic Signature of Signing Officer or Director Date