


# AMENDED 2005 FOR PROFIT CORPORATION ANNUAL REPORT


<b>DOCUMENT # P04000114172</b> 1. Entity Name <b>THE OYSTER HOUSE, INC.</b>	
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FILED  
05 MAY 20 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>3930 PINE ISLAND RD. MATLACHA, FL 33993</b>	Mailing Address <b>C/O ROBERT D. ROYSTON, JR., ESQ. P.O. DRAWER 60205 FT. MYERS, FL 33906</b>
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2. Principal Place of Business	3. Mailing Address <b>3930 Pine Island Rd.</b>	Suite, Apt. #, etc.
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City & State <b>Matlacha, FL</b>	City & State <b>Matlacha, FL</b>	Zip <b>33993</b>
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03232005 Chg-P	CR2E034 (10/03)
4. FEI Number <b>73-1714021</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD., STE. 101 FT. MYERS, FL 33907</b>	7. Name and Address of New Registered Agent Name <b>E.O. Bandy</b> Street Address (P.O. Box Number is Not Acceptable) <b>3930 Pine Island Rd.</b> City <b>Matlacha</b> <b>FL</b> Zip Code <b>33993</b>
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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.

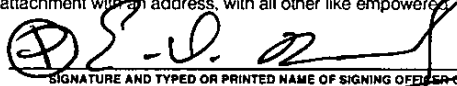
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BANDY, EMMETT O II</b> <b>4250 PINE ISLAND RD.</b> <b>MATLACHA, FL 33993</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>FRANK, RICHARD</b> <b>P.O. BOX 156</b> <b>MATLACHA, FL 33993</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200055572262</b> <b>06/01/05--01033--006 ***61.25</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowerments.

SIGNATURE:  **4-27-05**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/2602