

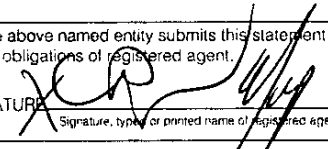
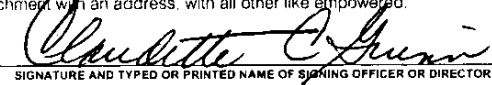


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90021 024 \*\*\*158.75

<b>DOCUMENT # P04000116903</b> 1. Entity Name ONSHORE PROPERTIES OF JUPITER -TEQUESTA, INC.																													
Principal Place of Business 222 U.S. HIGHWAY #1 SUITE 201 TEQUESTA, FL 33469			Mailing Address 222 U.S. HIGHWAY #1 SUITE 201 TEQUESTA, FL 33469																										
2. Principal Place of Business - No P.O. Box # <b>357 Cypress Dr.</b> Suite, Apt. #, etc. <b>Unit 13</b>		3. Mailing Address <b>357 Cypress Dr.</b> Suite, Apt. #, etc. <b>Unit 13</b>		<b>40057477</b> 																									
City & State <b>Tequesta FL</b>		City & State <b>Tequesta FL</b>		4. FEI Number <b>55-0879121</b>																									
Zip <b>33469</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent <b>MAYO, BRADLEY A</b> <b>222 U.S. HIGHWAY #1</b> <b>SUITE 201</b> <b>TEQUESTA, FL 33469</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>357 Cypress Dr.</b> <b>Unit 13</b> City <b>Tequesta</b> <b>FL</b> Zip Code <b>33469</b>																									
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, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P.D GUINN, CLAUDETTE C</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1000 NORTH U.S. HIGHWAY #1, J201</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JUPITER, FL 33477</td> <td></td> </tr> </table>			TITLE	P.D GUINN, CLAUDETTE C	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	1000 NORTH U.S. HIGHWAY #1, J201		CITY - ST - ZIP	JUPITER, FL 33477		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 address, with all other like empowered.																													
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													
				Date _____ Daytime Phone # _____																									