


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90026 028 ***150.00

DOCUMENT # P04000157465

1. Entity Name
211 E. BAY STREET, INC.



Principal Place of Business
2275 ATLANTIC BLVD., SUITE 200
NEPTUNE BCH, FL 32266

Mailing Address
2275 ATLANTIC BLVD., SUITE 200
NEPTUNE BCH, FL 32266

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



03012005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SORRELL, MARY C
2275 ATLANTIC BLVD., SUITE 200
NEPTUNE BCH, FL 32266

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

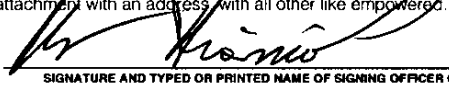
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIONIDES, CHRIS 2275 ATLANTIC BLVD., SUITE 200 NEPTUNE BCH, FL 32266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE:  Chris Hionides ^{3/2/05} (904) 247-1484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #