2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018899

Entity Name: FLORIDA BAYOU PROPERTIES, INC.

FILED Jan 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4553 KNOLLWOOD LANE POST OFFICE BOX 1931 NICEVILLE, FL 32578 NICEVILLE, FL 32588

Current Mailing Address: New Mailing Address:

4553 KNOLLWOOD LANE POST OFFICE BOX 1931 NICEVILLE, FL 32578 NICEVILLE, FL 32588

FEI Number: 20-2739504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMPSON, KEVIN A HELMICH, KEVIN M ESQUIRE 4553 KNOLLWOOD LANE 4481 LEGENDARY DRIVE NICEVILLE, FL 32578 SUITE 200 DESTIN, FL 32541 US

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: KEVIN M. HELMICH 01/20/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: (X) Change () Addition

THOMPSON, KEVIN A THOMPSON, KEVIN A Name: Name: 4553 KNOLLWOOD LANE 4553 KNOLLWOOD LANE Address: Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578

VΡ Title: VPD (X) Change () Addition Title: () Delete DEMONBRUN, CARLTON T Name: Name: DEMONBRUN, CARLTON T 2021 KILDAIRE CIRCLE 2021 KILDAIRE CIRCLE Address: Address:

NICEVILLE, FL 32578 NICEVILLE, FL 32578 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: SEC SD

THOMPSON, LAURA L THOMPSON, LAURA L Name: Name: 4553 KNOLLWOOD LANE 4553 KNOLLWOOD LANE Address: Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578

Title: () Delete Title: (X) Change () Addition

DEMONBRUN, NANCY B DEMONBRUN, NANCY B Name: Name: Address: 2021 KILDAIRE CIRCLE Address: 2021 KILDAIRE CIRCLE City-St-Zip: City-St-Zip: NICEVILLE, FL 32578 NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KEVIN A. THOMPSON PD 01/20/2006