## FILED Jun 20, 2006 8:00 am Secretary of State 05-01-2006 90461 036 \*\*\*150.00

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000147148  1. Entity Name BLUE WATER HOMES OF THE KEYS, INC.						:	05-01-:	2006 904	·61 036 *	***150.00
Principal Place of Business Mailing Address 3655 SEASIDE DR #230 3655 SEASIDE D KEY WEST, FL 33040 KEY WEST, FL 3:						66019914				
2. Principal Place, pl Business 1 3. Mailing Address 1										
567#5 3 Suite, Apl. #, etc.	5 EL Monk I			رع	4			•		
	City & Stem				04242006	Chg-P	CR2E0	)34 (11/05)	nation Con 1	
STOCKISLO	KIU, FI	4. El Nygber 38			* 3825 (	<u> </u>	No	plied For Applicable		
<i>33040</i> 9	Monroe	<i>2</i> °33040		lona	<u>ر</u> م		of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VICE Agent Name VICE Agent Name VICE Agent								<u></u> hc.		
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410					57055	Box Numb	TON REPUT	ane	<u>بد رد/</u>	, <u>,</u>
PALM BEACH GARDENS, PE 33410										
The above count of the above	aira shira aasaa faa			City	Kω	,		FL	<u>133°</u>	)40
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 Sprenzis regulation programmed agent and still if applicable (MOTE Registered Agent signature required when renaziong)										
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution.   Added to Fees										
10.	OFFICERS AND D	DESERTORS DESER	11.			ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
NUE MEADOWS, MICHAELE L									☐ (veniñe	☐ <b>A</b> 000000
1				T ADDRESS ST-28P						
TITLE NAME STREET ADDRESS		☐ Delete		T ADDRESS	131 700 7.5.	dans.t	lotkary		☐ Change	Addution
CITY-ST-ZIP TITLE		☐ Detete	CITY	SI-ZP	Kω	, F I	<u>33040</u>		Change	Addition
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CITY-ST-ZIP			CITY-	ST - ZIP			<u> </u>			
HILE NAME		C Delete	TATLE NAME						☐ Change	Addition
STREET ADDRESS CHY-ST-ZIP			STREE CITY -:	T ADDRESS ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 this empowered to										
SIGNATURE: No 1940 OR BENTED HAME OF SIGNING OFFICER OR BREETOR DESCRIPTION OF COMPANY O										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Doo / Conjune Prove #										