

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 25, 2007
Secretary of State**

DOCUMENT# P06000102735

Entity Name: FBW OF DOCKSIDE INC.

Current Principal Place of Business:

2309 BEACH BOULEVARD
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

2324 PINE ISLAND COURT
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 72-1620654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSIDINE, TRACY J ESQ
1 SLEIMAN PARKWAY
SUITE 210
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANE, MICHAEL
Address: 57 JAMES DRIVE
City-St-Zip: MILTON, VT 05468

Title: D () Delete
Name: POWERS, VICTORIA
Address: 2324 PINE ISLAND COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: TAYLOR, KENDALL
Address: 2315 BEACH BLVD.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Change (X) Addition
Name: SOURDIFF, KULLEN
Address: 2324 PINE ISLAND COURT
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify 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: VICTORIA POWERS

D

06/25/2007

Electronic Signature of Signing Officer or Director

_____ Date