


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90826 039 ***150.00


DOCUMENT # P06000146295	
1. Entity Name BREEZY DAYS, INC.	

Principal Place of Business 8021 SUNRISE LAKE DR. NORTH, UNIT 111 SUNRISE, FL 33322	Mailing Address 8021 SUNRISE LAKE DR. NORTH, UNIT 111 SUNRISE, FL 33322
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2. Principal Place of Business - No P.O. Box # 7776 N.W. 44th ST. Suite, Apt. #, etc.	3. Mailing Address 7776 N.W. 44th ST. Suite, Apt. #, etc.
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City & State SUNRISE, FLORIDA Zip 33351 Country U.S.A.	City & State SUNRISE, FLORIDA Zip 33351 Country U.S.A.
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40092400



04182007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent SICKLES, BARRY M. ESQ. 3300 UNIVERSITY DR., STE. 712 CORAL SPRINGS, FL 33065	7. Name and Address of New Registered Agent Name DEBRA GOLD Street Address (P.O. Box Number is Not Acceptable) 8021 SUNRISE LAKES DRIVE NORTH, UNIT 111 City SUNRISE FL Zip Code 33322
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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 Debra Gold DATE 4-20-07

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUZMAN, BART 8021 SUNRISE LAKE DR. NORTH, UNIT 111 SUNRISE, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GOLD, DEBRA 8021 SUNRISE LAKE DR. NORTH, UNIT 111 SUNRISE, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Debra Gold DATE 4-20-07 DAYTIME PHONE # 954-762-9441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR