
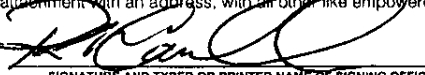


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90037 032 ***150.00

DOCUMENT # P15824					
1. Entity Name BAHAMA STAR LIMITED, INC.					
Principal Place of Business 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946 US			Mailing Address 1900 OLD DIXIE HIGHWAY FORT PIERCE, FL 34946 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2798515	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARNELL, RICHARD M JR. 1900 OLD DIXIE HWY FORT PIERCE, FL 34946			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, GREGORY P		NAME		
STREET ADDRESS	1900 OLD DIXIE HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34946		CITY-ST-ZIP		
TITLE	DVPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILET, JEAN JACQUES		NAME		
STREET ADDRESS	1900 OLD DIXIE HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34946		CITY-ST-ZIP		
TITLE	DVPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, ROBERT W		NAME		
STREET ADDRESS	1900 OLD DIXIE HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34946		CITY-ST-ZIP		
TITLE	DVPA	<input type="checkbox"/> Delete	TITLE	DVPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNELL, RICHARD M JR		NAME		
STREET ADDRESS	1900 OLD DIXIE HWY		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34946		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Richard M. Carnell, Jr. 2-26-07 772-489-7275			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Sr. Vice President		Date Daytime Phone #	