2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 27, 2007 08:00 AM Secretary of State

DOCUMENT # P93000002701 1. Entity Name BAY RIDGE DEVELOPMENT OF ORANGE COUNTY, INC.					Secretary of State				
Principal Place of Business Mailing Address 61 W COLONIAL DRIVE 61 W COLONIA ORLANDO, FL US ORLANDO, FL			NIAL DRIVE						
Principal Place of Business - No P.O. Box # 3. Mailing Add			Address						
Suite, Apt. #, etc.		Suite. Apt. #, etc.			03142007	Chg-P	CR2E034 (12/06)		
City & State		City & State						plied For ot Applicable	
Zip			Coun	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	7. Name and Address of New Registered Agent Name							
SHOEMAKER, JOHN B 61 W COLONIAL DRIVE ORLANDO, FL 32801				Street Address (P.O. Box Number is Not Acceptable)					
ONLANDO, FE 32801				City		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FL	Zip Cod	9
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									
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E. Registere	d Agent signature required	1 when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Cont			.00 May Be ed to Fees				
10.	OFFICERS AND DIRECTORS 11				ADDITIONS/C	HANGES TO OFF			
NAME STREET ADDRESS CITY+S1+ZIP				- I	□ Change □ Addition U00000739791 U55/14/07-80041-012 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHOEMAKER, JOHN 61 W COLONIAL DRIVE ORLANDO, FL 32801	☐ Oelete		+	,		1	Change	☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					İ	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delele	•					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Đelete	3					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			[Change	Addition
12. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	n this filing does not qualify for s true and accurate and that re owered to execute this report with all other like empowered	or the exe my signal as requi	emptions contained ture shall have the red by Chapter 607	i in Chapter 119, I same legal effect a 7, Florida Statutes;	Florida Statutes, I as if made under o and that my name	further certify bath; that I and appears in	that the in an officer Block 10 or	nformation or director Block 11 if

4/1/07

(407) 294-7931

Daytine Phone #

JOHN SHOEMAKER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR