2006 FOR PROFIT CORPORATION

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Mar 29, 2006 8:00 am Secretary of State **ANNUAL REPORT** 03-29-2006 90111 042 ***150.00 DOCUMENT # P9400040341 1. Entity Name BAYVIEW OFFICES, INC. Principal Place of Business Mailing Address 1040 BAYVIEW DRIVE 3540 FOREST HILL BLVD #203 #519 WEST PALM BEACH, FL 33406 FORT LAUDERDALE, FL 33304 2. Principal Place of Business 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252006 CR2E034 (11/05) City & State City & State 4. FELNumber Applied For 65-0493438 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DENTRY, DEBORAH 3540 FOREST HILL BLVD #203 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33406 City 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 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, 2006 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete Vice President TITLE Change ☐ Addition NAME HEATON, LINN NAME 3540 FOREST HILL BLVD #203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF WEST PALM BEACH, FL 33406 CITY-ST-ZIP TITLE VP Delete TITLE ☐ Change ☐ Addition HEATON, LEE NAME NAME STREET ADDRESS 3540 FOREST HILL BLVD #203 STREET ADDRESS CITY+ST-7IP WEST PALM BEACH, FL 33406 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME DENTRY, DEBORAH NAME STREET ADDRESS 3540 FOREST HILL BLVD #203 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33406 CITY-ST-ZIP TITLE Delete TITLE tresident George W Heatm Suss North Ocen +310 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

FILED

☐ Change

☐ Change

☐ Addition

☐ Addition

12. Thereby 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 like empowered.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED