2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007
Secretary of State

DOCUMENT# P94000064487

Entity Name: ST. LUCIE CANAL CORP.

Current Principal Place of Business:

4968 S.E. DIXIE HWY.
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

4968 S.E. DIXIE HWY.
STUART, FL 34997

New Mailing Address:

P O BOX 484
PORT SALERNO, FL 34992 48

FEI Number: 65-0579099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYRD, GAIL A
4968 S.E. DIXIE HWY.
STUART, FL 34997 US

Name and Address of New Registered Agent:

BYRD, GAIL A
3650 SE SEA POINT CT
STUART, FL 34997 US

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: 05/11/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: BYRD, GAIL A.,
Address: 4968 SE DIXIE HWY
City-St-Zip: STUART, FL 34997

Title: DVP ( ) Delete
Name: AVERILL, LESLIA D
Address: 248 BETHANY CHURCH RD.
City-St-Zip: FAIRVIEW, NC 28730

Title: DT ( ) Delete
Name: HOSKINS, LYNN D
Address: 2180 SE LETHA CT. #7
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BYRD, GAIL A.,
Address: 3650 SE SEA POINT CT
City-St-Zip: STUART, FL 34997

Title: SD (X) Change ( ) Addition
Name: AVERILL, LESLIE D.
Address: 248 BETHANY CHURCH RD.
City-St-Zip: FAIRVIEW, NC 28730

Title: VTD (X) Change ( ) Addition
Name: HOSKINS, LYNN D.
Address: 454 SW COLUMBUS DRIVE
City-St-Zip: PT. ST. LUCIE, FL 34953

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: GAIL A. BYRD P 05/11/2007
Electronic Signature of Signing Officer or Director Date