2006 FOR PROFIT CORPORATION

Jan 12, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P94000093827 LONGBOAT KEY INVESTMENTS, INC. Principal Place of Business Mailing Address 3639 CORTEZ RD W 3639 CORTEZ RD W BRADENTON, FL 34210 IIS BRADENTON, FL 34210 US No Chg-P CR2E034 (11/05) 01092006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0544251 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAINT GALVANO, WILLIAM DO NOT WRITE 1023 MANATEE AVE W BRADENTON, FL 34206 IN THIS SPACE 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) Signature, typed or printed name of registered agent and title if applicable. **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ECKEL, DAVID C NAME STREET ADDRESS 3840 MARINER'S WAY UNIT 525 CORTEZ, FL 34215 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

NAME OF SIGNING OFFICER OR DIRECTOR

Oate Daytime Phone #

FILED