2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 21, 2005 08:00 AM Secretary of State **DOCUMENT # P95000022986** 1. Entity Name LAZY BAY RESORTS, INC. Principal Place of Business Mailing Address 30 WEST MASHTA DRIVE 30 WEST MASHTA DRIVE SUITE 400 SUITE 400 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 04132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0570004 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PUYANIC, MAX D DO NOT WRITE 30 WEST MASHTA DRIVE SUITE 400 IN THIS SPACE KEY BISCAYNE, FL 33149 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. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DÎRECTORS TITLE BERTOLD, RICHARD NAME 28405 SW 170 AVENUE STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL TITLE NAME HAWKINS, LUCY <u>U</u>000000322085 STREET ADDRESS 28405 SW 170 AVE 04/21/05-80101-016 150.00 CITY-ST-ZIP HOMESTEAD, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information su indicated on this report or supplement of the corporation or the receiver of the changed, or on an attachment with a ied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is type and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director as exposered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Bertold

SIGNATURE:

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