2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P95000023481 Jan 23, 2006 08:00 AN **Secretary of State** MANATEE BAY MARINE, INC. Principal Place of Business Mailing Address M. M. 112 1/2 US1 99 MORRIS LANE KEY LARGO, FL 33037 US KEY LARGO, FL 33037 01122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0568437 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WESTPHAL, LORETTA DO NOT WRITE 99 MORRIS LANE KEY LARGO, FL 33037 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 Signature, typed or printed name of registered agent and title if applicable (NCTE: Registered Agent argenture required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS WESTPHAL, LORETTA NAME STREET ADDRESS 99 MORRIS LANE CITY-ST-7IP KEY LARGO, FL HILE MAIN U00000393802 01/25/06-80036-009 150.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE City-St-ZIP Milit IN THIS SPACE NAVE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-04

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