

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000069220

Entity Name: THE WATERSIDE ROOM, INC.

FILED
Sep 18, 2006
Secretary of State

Current Principal Place of Business:

216 SARASOTA QUAY
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

216 SARASOTA QUAY
SARASOTA, FL 34236

New Mailing Address:

895 HIBISCUS STREET
BOCA RATON, FL 33486

FEI Number: 65-0607200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MC CARTHY, BEN
216 SARASOTA QUAY
C/O WATER SIDE ROOM
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

MC CARTHY, BEN
895 HIBISCUS STREET
C/O WATER SIDE ROOM
BOCA RATON, FL 33486 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: BENJAMIN T. MCCARTHY

09/18/2006

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: D () Delete
Name: MC CARTHY, BEN
Address: 216 SARASOTA QUAY
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: MCCARTHY, PATRICIA
Address: 216 SARASOTA QUAY
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MC CARTHY, BEN
Address: 895 HIBISCUS STREET
City-St-Zip: BOCA RATON, FL 33486

Title: D (X) Change () Addition
Name: MCCARTHY, PATRICIA
Address: 895 HIBISCUS STREET
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the 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: BENJAMIN T. MCCARTHY

D

09/18/2006

Electronic Signature of Signing Officer or Director

Date