2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 08:00 AM Secretary of State **DOCUMENT # P96000019995** 1. Entity Name BAYVIEW GROUP, INC. Principal Place of Business Mailing Address 345 HARBOUR CT 345 HARBOUR CT KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 US US 03272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0646724 \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE BITTON, GERARD 345 HARBOUR CT KEY BISCAYNE, FL 33139 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) Stangture, typed or printed name of registered egent and title if equilicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150,00 After May 1, 2006 Fee will be \$550,00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PDTS TITS F BITTON, GERARD NAME U00000514143 04/29/06-80161-001 150.00 STREET ADDRESS 345 HARBOUR CT KEY BISCAYNE, FL 33139 CSTY-ST-77P TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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 epipowered 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:

CHY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CSTY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone 8

FILED