


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90197 020 ***150.00

DOCUMENT # P97000077413

1. Entity Name
CUTLER BAYSIDE HOTEL, INC.



Principal Place of Business Mailing Address

35388 US 19 N. 35388 US 19 N.
 PALM HARBOR, FL 34684-1900 PALM HARBOR, FL 34684-1900

2. Principal Place of Business
C/o Cutler Capital Management LLC

3. Mailing Address
c/o Cutler Capital Management LLC

Suite, Apt. #, etc.
 P.O. Box 16903

Suite, Apt. #, etc.
 P.O. Box 16903

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip
33766-6903

Country
USA

Zip
33766-6903

Country
USA



03122006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

CUTLER, MELVIN S
35388 US 19 N.
PALM HARBOR, FL 34684-1900

4. FEI Number
59-3466533

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name
CUTLER, MELVIN S.

Street Address (P.O. Box Number is Not Acceptable)
3156 SANDY RIDGE DRIVE

City
CLEARWATER

State
FL

Zip Code
33761

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) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUTLER, MELVIN S 35388 US 19 N. PALM HARBOR, FL 346841900 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUTLER, MELVIN S. 3156 SANDY RIDGE DRIVE CLEARWATER, FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: **5/3/06** Daytime Phone # _____