## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P98000001692

Entity Name: NORMANDY BAY CORP.

FILED Oct 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

500 NE 185 ST MIAMI, FL 33179 US

Current Mailing Address: New Mailing Address:

900 BAY DRIVE PH 1 MIAMI BEACH, FL 33141 US

FEI Number: 65-0803892 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERSON LEVINSON, JUDITH DR.

900 BAY DR PH 1

LEVINSON, STEVEN Z

900 BAY DR PH 1

MIAMI BEACH, FL 33141 US MIAMI BEACH, FL 33141 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: STEVEN Z. LEVINSON 10/20/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete Title: PRFS (X) Change ( ) Addition LEVINSON, STEVEN LEVINSON, STEVEN Z Name: Name: 900 BAY DRIVE PH 1 900 BAY DRIVE PH 1 Address: Address: City-St-Zip: MIAMI BEACH, FL 33141 US City-St-Zip: MIAMI BEACH, FL 33141 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 BERSON LEVINSON, JUDITH DR
 Name:
 LEVINSON, TAL

 Address:
 900 BAY DRIVE PH 1
 Address:
 500 NE 185 STREET

 City-St-Zip:
 MIAMI BEACH, FL 33141 US
 City-St-Zip:
 MIAMI, FL 33179 US

Title: ( ) Delete Title: SECT ( ) Change (X) Addition

 Name:
 Name:
 LEVINSON, TAL

 Address:
 Address:
 500 NE 185 STREET

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33179

Title: ( ) Delete Title: TREA ( ) Change (X) Addition

 Name:
 Name:
 LEVINSON, TAL

 Address:
 Address:
 500 NE 185 STREET

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33179

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: STEVEN Z. LEVINSON PRES 10/20/2006