

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000049515

Entity Name: CASTAWAY BAY, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

2440 PALM RIDGE ROAD
SANIBEL ISLAND, F; 33957 US

Current Mailing Address:

P.O. BOX 572
SANIBEL ISLAND, F; 33957 US

New Principal Place of Business:

8961 CONFERENCE DRIVE
SUITE 1
FORT MYERS, F; 33919 US

New Mailing Address:

FEI Number: 65-0845969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISLAND FINANCIAL
195 TARPON BAY DRIVE, #5
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

MARKHAM NORTON MOSTELLER WRIGHT AND CO PA
8961 CONFERENCE DRIVE
SUITE 1
FORT MYERS, FL 33919 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: KAREN MOSTELLER

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: NETTE, TREVOR A
Address: 2440 PALM RIDGE ROAD
City-St-Zip: SANIBEL ISLAND, F; 33957

Title: T () Delete
Name: OWENS, DAVE
Address: 2440 PALM RIDGE ROAD
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: NETTE, TREVOR A
Address: 8961 CONFERENCE DRIVE SUITE 1
City-St-Zip: FORT MYERS, F; 33919

Title: T (X) Change () Addition
Name: OWENS, DAVE
Address: 12853 BANYON CREEK DRIVE
City-St-Zip: FORT MYERS, FL 33908

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: TREVOR NETTE

PSD

04/27/2006

Electronic Signature of Signing Officer or Director

Date