## 2006 FOR PROFIT CORPORATION

## FILED Jan 31, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P98000093694 FLORIDA BAY COMPANIES, INC. Principal Place of Business Mailing Address 3200 BAILEY LN., STE. 117 3200 BAILEY LN., STE. 117 NAPLES, FL 34105 NAPLES, FL 34105 01162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0876134 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PASSIDOMO, JOHN DO NOT WRITE 821 5TH AVE S #201 NAPLES, FL 34102 IN THIS SPACE 6. 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. Signature, typed or printed name of registered agent and title if applicable. (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 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SHEPHERD, NICK 3200 BAILEY LN., STE. 117 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34105 TITLE NAME STREET ADDRESS U00000409625 D2/09/06-80003-009 150,00 CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME 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 supplementative port is true and accurate and that my signature shall have the same legal effect as it made under outh; that I am an officer or director of the corporation or the receiver or true 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 a figuress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR