

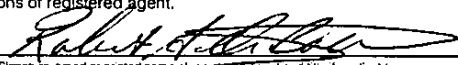
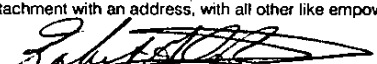


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P99000052162</b> 1. Entity Name <b>GOLD BAY CLASSICS, INC.</b>					
Principal Place of Business <b>4577 GUNN HWY., #353 TAMPA, FL 33624</b>				Mailing Address <b>4577 GUNN HWY., #353 TAMPA, FL 33624</b>	
2. Principal Place of Business <b>4421 Gunn Hwy.</b>		3. Mailing Address <b>4421 Gunn Hwy</b>		<div style="font-size: 1.2em;">FILED</div> <div style="font-size: 1.2em;">05 MAR -4 PM 12: 23</div> <div style="font-size: 1.2em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="font-size: 0.8em;">02242005 Chg-P CR2E034 (10/03)</div>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>			
Zip <b>33618</b>		Country <b>Hillsborough</b>		4. FEI Number <b>59-3165088</b>	
Zip <b>33618</b>		Country <b>Hills</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TESTA, PHILIP J 4726-B N. LOIS AVE. TAMPA, FL 33614</b>				7. Name and Address of New Registered Agent Name <b>ROBERT G. DE BOER</b> Street Address (P.O. Box Number is Not Acceptable) <b>4421 GUNN HWY</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33618</b>	
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  DATE <b>2-28-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEBOER, REBECCA L</b> <input checked="" type="checkbox"/> Delete <b>4577 GUNN HWY., #353</b> <b>TAMPA, FL 33624</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ROBERT G. DEBOER</b> <b>4421 GUNN HWY</b> <b>TAMPA, FL 33618</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>X Rebecca L DeBoer</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000047871490</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>03/08/05--01009--008 **\$8.75</b>	
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 <b>12/28/04 01040 001 670.00</b>	
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 <b>12/28/04 01040 001 670.00</b>	
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 <b>12/28/04 01040 001 670.00</b>	
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 <b>12/28/04 01040 001 670.00</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>  <b>Pres Sec-Treas.</b> <b>2-28-05 813-462-1746</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					