2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# P99000057000

Entity Name: BLUE WATER RESORT COTTAGES, INC.

Current Principal Place of Business:

8105 W GULF BLVD
TREASURE ISLAND, FL 33706

New Principal Place of Business:

11460 1ST STREET EAST
REAR
TREASURE ISLAND, FL 33706

Current Mailing Address:

8105 W GULF BLVD
TREASURE ISLAND, FL 33706

New Mailing Address:

11460 1ST STREET EAST
REAR
TREASURE ISLAND, FL 33706

FEI Number: 59-3583442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CULP, ROLLIE R
8105 W GULF BLVD
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

CULP, ROLLIE R
11460 1ST STREET EAST
REAR
TREASURE ISLAND, FL 33706 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: ROLLIE R. CULP 03/17/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CULP, ROLLIE R
Address: 8105 W GULF BLVD
City-St-Zip: TREASURE ISLAND, FL 33706

Title: STD ( ) Delete
Name: CULP, DEBORAH T
Address: 8105 W GULF BLVD
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CULP, ROLLIE R
Address: 11460 1ST STREET EAST
City-St-Zip: TREASURE ISLAND, FL 33706

Title: STD (X) Change ( ) Addition
Name: CULP, DEBORAH T
Address: 11460 1ST STREET EAST
City-St-Zip: TREASURE ISLAND, FL 33706

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: ROLLIE R. CULP PD 03/17/2006
Electronic Signature of Signing Officer or Director Date