


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

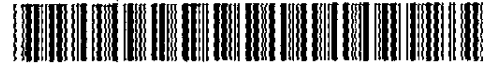
DOCUMENT # P99000066628
 1. Entity Name
 RE BAYONET POINT, INC.



Principal Place of Business
 8132 AVENUE
 HUDSON, FL 34669

Mailing Address
 2111 GLENWOOD DRIVE
 SUITE 202
 WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-3590536

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1000000507163
 04/27/06-80053-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO DEERING, LAWRENCE R 800 CONCOURS PKWY S, STE 200 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO CONTE, JOSEPH D 800 CONCOURS PKWY S, STE 200 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CURCIO, EUGENE R 800 CONCOURS PKWY S, STE 200 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORSETTI, ROSEMARY L ONE OXFORD CENTRE, 20TH FL 301 GRANT ST PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Rosemary L. Corsetti Rosemary L. Corsetti March 24, 2006 (412) 281-4420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #