


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90052 014 ***150.00

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| DOCUMENT # S67775 |  |
| 1. Entity Name HIDEAWAY BAY APARTMENTS, INC. | |

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| Principal Place of Business 30 ST. CLAIR AVENUE WEST, SUITE 1100 TORONTO ONTARIO, CANADA M4V3A1, | Mailing Address 30 ST. CLAIR AVENUE WEST, SUITE 1100 TORONTO ONTARIO, CANADA M4V3A1, |
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| 2. Principal Place of Business 30 St. Clair Ave West Suite, Apt. #, etc. Suite 500 City & State Toronto, Ontario Zip M4V 3A1 Country Canada | 3. Mailing Address 30 St. Clair Ave. W. Suite, Apt. #, etc. Suite 500 City & State Toronto, Ontario Zip M4V 3A1 Country Canada |
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03242005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 98-0119517 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent WHITAKER, COLE 800 N. MAGNOLIA AVENUE, SUITE 450 ORLANDO, FL 32803 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | DATE |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV MEDOFF, RONALD A. 30 ST. CLAIR AVE. W. ONTARIO, CANADA, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 30 St. Clair Ave. W. Suite 500 Toronto, Ont. Canada M4V 3A1 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HOFFER, MAYER 30 ST. CLAIR AVE. W. ONTARIO, CANADA, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 30 St. Clair Ave. W. Suite 500 Toronto, Ont. Canada M4V 3A1 |
| 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 |
| 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 |
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| 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 |

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.

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|--|---------------|-----------|-----------------|
| SIGNATURE:  | Ronald Medoff | Mar 30/05 | 416-972-0458 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |