# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**May 03, 2006**
**Secretary of State**

DOCUMENT# S86511

**Entity Name:** LEGENDARY, INC.

**Current Principal Place of Business:**

4100 LEGENDARY DR
SUITE 200
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

4100 LEGENDARY DR
SUITE 200
DESTIN, FL 32541

**New Mailing Address:**

**FEI Number: 59-3086417** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete
Name: BOS, PETER H JR
Address: 4100 LEGENDARY DRIVE, STE 200
City-St-Zip: DESTIN, FL 32541 US

Title: V/T ( ) Delete
Name: BUSFIELD, DAVID A
Address: 4100 LEGENDARY DRIVE, STE 200
City-St-Zip: DESTIN, FL 32541 US

Title: S ( ) Delete
Name: PARKER, WENDY
Address: 4100 LEGENDARY DRIVE, STE 200
City-St-Zip: DESTIN, FL 32541 US

Title: V ( ) Delete
Name: CRAUL, BRUCE
Address: 4100 LEGENDARY DRIVE, STE 200
City-St-Zip: DESTIN, FL 32541 US

Title: V ( ) Delete
Name: COTTON, JULIE
Address: 4100 LEGENDARY DRIVE, STE 200
City-St-Zip: DESTIN, FL 32541 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V ( ) Change (X) Addition
Name: STOUT, JIM
Address: 4100 LEGENDARY DRIVE, STE 200
City-St-Zip: DESTIN, FL 32541 US

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: WENDY PARKER S 05/03/2006

Electronic Signature of Signing Officer or Director — Date