

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90056 016 ***158.75

DOCUMENT # V18322
 1. Entity Name
BAY REALTY INVESTMENTS INC.



Principal Place of Business Mailing Address
~~23429 SLASH PINE COURT~~ ~~23429 SLASH PINE COURT~~
~~BONITA SPRINGS FL 34134~~ ~~BONITA SPRINGS FL 34134~~
 US US

94015433



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
 27499 Riverview Center Blvd. →
 Suite, Apt. #, etc. →
 The Crexent, Suite 202 →
 City & State →
 Bonita Springs, FL →
 Zip Country →
 34134-4313 USA →

4. FEI Number 65-0318483 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHAMBERLAIN, STEVEN A.
 23429 SLASH PINE COURT
 BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent
 Name →
 Street Address (P.O. Box Number is Not Acceptable)
 27499 Riverview Center Blvd.
 The Crexent, Suite 202
 City →
 Bonita Springs FL Zip Code 34134-4313

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: *[Signature]* DATE: 2-11-04
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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD <input type="checkbox"/> Delete
NAME	CHAMBERLAIN, STEVEN A.
STREET ADDRESS	23429 SLASH PINE COURT
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	27499 Riverview Center Blvd. #202
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* Steven A. Chamberlain, President 2-11-04 (239) 444-1744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #