2006 FOR PROFIT CORPORATION

Apr 13, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #V38986 04-13-2006 90287 026 ***150.00 1. Entity Name CANEEL BAY MANAGEMENT, INC. Principal Place of Business Mailing Address 1 RICHMOND SQUARE 13844 LEBATEAU ISLE FRENCHMAN'S CREEK **STE 100C** PALM BEACH GARDENS, FL 33410 PROVIDENCE, RI 02906 US 2. Principal Place of Business 3. Mailing Address ISLE 13844 LE BATEAU Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For PALM BEACH GARDENS 65-0334447 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 33410 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHEIN, HAROLD I. Street Address (P.O. Box Number is Not Acceptable) FRENCHMAN'S CREEK 13844 LE BATEAU ISLE PALM BEACH GARDENS, FL 34410 Zip Code 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, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete TITLE ☐ Change ☐ Addition MAME SCHEIN, HAROLD NAME STREET ADDRESS 13844 LEBATEAU ISLE, FRENCHMAN'S CREEK STREET ADDRESS PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP CITY-ST-ZIP TITLE **VPDT** Delete TITLE Change ■ Addition NAME SCHEIN, PHILIP NAME STREET ADDRESS 1 RICHMOND SQUARE, STE #100C STREET ADDRESS CITY - ST- ZIF PROVIDENCE, RI 02906 CITY-ST-ZIP TITLE VPD ☐ Delete TITEF ☐ Change ☐ Addition NAME SCHEIN, MICHAEL NAME STREET ADDRESS 1 RICHMOND SQUARE, STE #100C STREET ADDRESS CITY-ST-ZIP PROVIDENCE, Rt 02906 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHEIN-FONTAINE, LESLIE NAME NAME STREET ADDRESS 1 RICHMOND SQUARE, STE #100C STREET ADDRESS CITY-SY-ZIF PROVIDENCE, Rt 02906 CITY-ST-ZIP TITLE D Delete TIT! F ☐ Change ☐ Addition NAME SCHEIN, MICHAEL NAME 1 RICHMOND SQUARE, SUITE 100 C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PROVIDENCE, RI 02906 CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE ☐ Change ■ Addition SCHEIN, HAROLD I NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

13844 LEBATEAU ISLE, FRENCHMAN'S CREEK

PALM BEACH GARDENS, FL 33410

FILED