

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004307

FILED
Apr 28, 2008
Secretary of State

Entity Name: BAYA CORPORATION

Current Principal Place of Business:

% 437 LAKE OF THE WOODS DRIVE
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

PO BOX 1844
VENICE, FL 34284

New Mailing Address:

% 437 LAKE OF THE WOODS DRIVE
VENICE, FL 34293

FEI Number: 16-1622428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCHS, BARRY
437 LAKE OF THE WOODS DRIVE
VENICE, FL 34293 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: LUCHS, BARRY
Address: 437 LAKE OF THE WOODS DRIVE
City-St-Zip: VENICE, FL 34293 US

Title: VCVP () Delete
Name: LUCHS, ERIC
Address: %437 LAKE OF THE WOODS DRIVE
City-St-Zip: VENICE, FL 34293 US

Title: DT () Delete
Name: LUCHS, SUZANNE
Address: 437 LAKE OF THE WOODS DRIVE
City-St-Zip: VENICE, FL 34293 US

Title: DS () Delete
Name: HAHN, GARY
Address: 709 W. HURON STE. 200
City-St-Zip: ANN ARBOR, MI 48103 US

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:

I hereby certify that the information supplied with this filing does not qualify 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: SUZANNE LUCHS

VCVP

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date