

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004729

FILED
Mar 11, 2009
Secretary of State

Entity Name: BAXA CORPORATION

Current Principal Place of Business:

14445 GRASSLANDS DR
ENGLEWOOD, CO 80112

New Principal Place of Business:

Current Mailing Address:

14445 GRASSLANDS DR
ENGLEWOOD, CO 80112

New Mailing Address:

FEI Number: 84-0527072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR SUITE 4
WESTON, FL 33331 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: PD () Delete
Name: BALDWIN, JEFFREY
Address: 14445 GRASSLANDS DR
City-St-Zip: ENGLEWOOD, CO 80112

Title: CEO () Delete
Name: BALDWIN, GREGORY
Address: 14445 GRASSLANDS DR
City-St-Zip: ENGLEWOOD, CO 80112

Title: ST () Delete
Name: RUNCK, DAVID
Address: 14445 GRASSLANDS DR
City-St-Zip: ENGLEWOOD, CO 80112

Title: D () Delete
Name: ARLOTTA, JOHN
Address: 14445 GRASSLANDS DR
City-St-Zip: ENGLEWOOD, CO 80112

Title: D () Delete
Name: BALDWIN, BRIAN
Address: 14445 GRASSLANDS DR
City-St-Zip: ENGLEWOOD, CO 80112

Title: D () Delete
Name: GOLDTHORPE, EDWARD
Address: 14445 GRASSLANDS DR
City-St-Zip: ENGLEWOOD, CO 80112

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
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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: DAVID RUNCK

ST

03/11/2009

Electronic Signature of Signing Officer or Director

_____ Date