628 BAY CLIFFS ROAD GULF BREEZE, FL 32561

SIGNATURE

FILED Apr 12, 2007 08:00 A Secretary of State

CR2E034 (11/05)

X

Applied For Not Applicable

\$8.75 Additional

Fee Required

| 2007 FOR PR ANN | $\mathbf{A_I}$ | | |
|---|----------------------------|---|----------------------------------|
| DOCUMENT # L1960 1. Entity Name THE BASS GROUP, INC. | 7 | | |
| Principal Place of Business 41 N.JEFFERSON STREET SUITE 102 | | - | |
| PENSACOLA, FL 32502 US | GULF BREEZE, FL 32561 | | |
| DO NOT WE | 01122007 No Chg-P | | |
| DO NOT WE | 4. FEI Number 59-2623011 | | |
| | | | 5. Certificate of Status Desired |
| 6. Name and Address o | f Current Registered Agent | | |
| BASS, MICHAEL T. | • | | DO NOT V |

DO NOT WRITE IN THIS SPACE

| 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. | | | | | | |
|--|--|--|----------------|--------------------------------|---|--|
| SIGNATURN Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00 | Election Campaign Financing Trust Fund Contribution. | , _□ | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BASS, MICHAEL T 628 BAY CLIFFS ROAD GULF BREEZE, FL 32561 | · | | | U00000702878 04/20/07-80117-012 158.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , | | IN ' | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-SY-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| 12. 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. | | | | | | |