والمراجعة والمعالمة

2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Aug 04, 2005 8:00 am Secretary of State 08-04-2005 90003 043 ****70.00

1. Entity Nan	MENT # N030000005 BAKER KIDS NET, INC.	521				(08-04-2005	90003 ()43 ****	70.00
1726 KINGS SUITE 2	e of Business LEY AVENUE RK, FL 32073	SUITE 2	ess Gley avenue RK, FL 32073					· 5	00598	358
2. Principal F	Place of Business	3. Mailing Add	dress							
Suite, Apt. #, etc.		Suite, Apt	· 		07012005 Ci	ng-NP	CR2E03	37 (10/03)	٠.	
City & State		City & State			4. FEI Number 43-1992162				pplied For ot Applicable	
Zip	Country	Country Zip		ountry		5. Certificate of Status Desired S8.75 Additional Fee Required			ditional	
	6. Name and Address of Current R	egistered Ager	nt			7. Name and Add	ress of New Re	egistered /	Agent	
MOSS, JO	OHN B			Name -	Irer	e Toto				
	SLEY AVENUE					P.O. Box Number is I	Not Acceptable)		
SUITE 21	DADK EL 22072				<i></i>	POST 57/2	دا			
ORANGE	PARK, FL 32073									
	* a ;'					sonuille		FL	Zip Cod	.04
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of o	changing its registe	ered office or	register	ed agent, or both, in	the State of Flo	rida. I am t	familiar with,	, and accept
SIGNATURE	Irene Toto		<u>Ju</u>	۸۸و	C	Oka	(6/30	2005)
1	Signature, typed or printed name of registered agent an	id title if applicable.	(NOTE: Registe	ered Agent signatu	ure required	when reinstating)		DATE		
D	Filing Fee is \$61.25 ue by September 7, 2005	9. 1	(NOTE: Registe Election Campaign Trust Fund Contribi	Financing	ure required	\$5.00 May Be Added to Fees			c payable t	
D 10.	Filing Fee is \$61.25	9. [Election Campaign	n Financing oution.		\$5.00 May Be	Flori	da Depar	tment of S	itate
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receively 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 617, 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:	6 30 2005	904-278-5644
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #