

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State



DOCUMENT # P00000033586
 1. Entity Name
BAISDEN GALLERY, INC.

Principal Place of Business 442 GRAND CENTRAL AVE SUITE 100 TAMPA, FL 33606	Mailing Address 442 GRAND CENTRAL AVE SUITE 100 TAMPA, FL 33606
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01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3643293 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 WEINSTEIN, DAVID
 625 TWIGGS STREET, #100
 TAMPA, FL 33602

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAISDEN, SUSAN 4901 W BAY WAY PLACE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAISDEN, LARRY 4901 W BAY WAY PLACE TAMPA, FL 33629
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 02/08/06-80052-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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.

SIGNATURE: *Susan Baisden* **SUSAN BAISDEN, PRES.** 1/27/06 813-250-1511
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #