

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90015 023 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |                                                                                  |                                                                                                                                                                         |                                                                                   |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------|
| <b>DOCUMENT # P92000015476</b><br>1. Entity Name<br><b>MARIO THE BAKER, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               |                                                                                  |                                                                                                                                                                         |  |                                           |
| Principal Place of Business<br><b>1007 STATE RD 7<br/>ROYAL PALM BEACH, FL 33411</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               |                                                                                  | Mailing Address<br><b>1007 STATE RD 7<br/>ROYAL PALM BEACH, FL 33411</b>                                                                                                |                                                                                   |                                           |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               | 3. Mailing Address                                                               |                                                                                                                                                                         |                                                                                   |                                           |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               | Suite, Apt. #, etc.                                                              |                                                                                                                                                                         |                                                                                   |                                           |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                               | City & State                                                                     |                                                                                                                                                                         |                                                                                   |                                           |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                       | Zip                                                                              | Country                                                                                                                                                                 |                                                                                   |                                           |
| 4. FEI Number<br><b>65-0376009</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |                                                                                  |                                                                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                            |                                           |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                               |                                                                                  |                                                                                                                                                                         | <b>\$8.75</b> Additional Fee Required                                             |                                           |
| 6. Name and Address of Current Registered Agent<br><br><b>SCINCARIELO, MARIO<br/>1007 STATE RD 7<br/>ROYAL PALM BEACH, FL 33411</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               |                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |                                                                                   |                                           |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                               |                                                                                  |                                                                                                                                                                         |                                                                                   |                                           |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                         | <b>\$5.00</b> May Be Added to Fees                                                |                                           |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                               |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                            |                                                                                   |                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P<br/>SCINICARIELLO, MARIO<br/>1896 FLAGLER ESTATE DRIVE<br/>WEST PALM BEACH, FL 33411</b> |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Delete                                                   |                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                               |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                               |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                               |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                               |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                               |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                           |
| 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. |                                                                                               |                                                                                  |                                                                                                                                                                         |                                                                                   |                                           |
| SIGNATURE: <u>Mario Scincariello</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                               |                                                                                  | 2-21-06                                                                                                                                                                 |                                                                                   | 7984030<br><small>Daytime Phone #</small> |