

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052091

FILED
Apr 21, 2006
Secretary of State

Entity Name: BAYLEE HOMES, INC.

Current Principal Place of Business:

333 ANDALUSIA AVENUE
UNIT #4
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

333 ANDALUSIA AVENUE
UNIT #4
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3323042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEARY, JAMES J ESQ.
138 LIVE OAK AVENUE
DAYTONA BEACH, FL 321144912 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: PSTD () Delete
Name: GALLO, PATRICK
Address: 333 ANDALUSIA AVENUE #4
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Delete
Name: HERRON, THOMAS D
Address: 12 RYMSHAW PLACE
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HERRON, THOMAS D
Address: 15905 AVOCADO DRIVE
City-St-Zip: BILOXI, MS 39532

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICK GALLO

PSTD

04/21/2006

Electronic Signature of Signing Officer or Director

_____ Date