


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90026 023 ***150.00

DOCUMENT # 473521		
1. Entity Name BAILLIE INVESTMENTS, INC.		

Principal Place of Business 101 US 27 SOUTH SEBRING, FL 33870	Mailing Address 101 US 27 SOUTH SEBRING, FL 33870
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60007054



2. Principal Place of Business - No P.O. Box # 8015 Elliot Rd.	3. Mailing Address 3480 Rockhouse Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01232007 Chg-P CR2E034 (12/06)

City & State Sebring, FL	City & State Linden, TN
Zip 33876	Zip 37096
Country highlands	Country Perry

4. FEI Number 59-1627118	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAILLIE, JOHN B 101 US 27 SOUTH SEBRING, FL 33870	
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7. Name and Address of New Registered Agent Name Baillie, John B. Street Address (P.O. Box Number is Not Acceptable) 8015 Elliot Rd. City Sebring FL Zip Code 33876	
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS BAILLIE, JOHN 101 US 27 SOUTH SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS Baillie, John 3480 Rockhouse Rd. Linden, TN 37096 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAILLIE, JOHN 101 US 27 SOUTH SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Baillie, John 3480 Rockhouse Rd. Linden, TN 37096 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILLIE, CAROL 101 US 27 SOUTH SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Baillie, Cathryn C. 3480 Rockhouse Rd. Linden, TN 37096 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILLIE, KATHRYN C 101 US 27 SOUTH SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Baillie, Cathryn C. 3480 Rockhouse Rd. Linden, TN 37096 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Cathryn C. Baillie Cathryn C. Baillie 1/22/07 (863) 382-7605 (931) 589-6242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #