2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003267

RICHARDSON, TX 75082

8000 WINDERSGATE CIR W

OLIVE BRANCH, MS 38654

() Delete

CFO

HILL, BETTY J

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FILED Jan 19, 2006 Secretary of State

Entity Nar	ne: T. BAIR[D & ASSOCIATES, INC.					
Current P	rincipal Plac	e of Business:	New Prin	New Principal Place of Business:			
2004 PEBBLEBEACH COURT RICHARDSON, TX 75082				1803 GLEN AERIE LANE CORINTH, TX 76210			
Current M	ailing Addre	ss:	New Mail	New Mailing Address:			
P. O. BOX OLIVE BRA	1789 ANCH, MS 38	3654					
FEI Number:	75-3158095	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 SOUT PLANTATI The above	ORATION SY TH PINE ISLA ON, FL 3332 named entity of Florida.	ND ROAD	purpose of changing	its registered	office or registered agent, or	· both,	
SIGNATUF							
0.014/ (1.01		nic Signature of Registered Ag	ent		Date		
Election Can	npaign Financir	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	BAIRD, THOM	BEACH COURT	Title: Name: Address: City-St-Zip:	CP (BAIRD, THON 1803 GLEN A CORINTH, TX	ERIE LANE		
Title: Name: Address: City-St-Zip:	THOMAS BAIR	BEACH COURT	Title: Name: Address: City-St-Zip:	HILL, DAVID 8000 WINDE	X) Change ()Addition W RSGATE CIR. W. CH, MS 38654		
Title: Name: Address:	BAIRD, VICKI) Delete C BEACH COURT	Title: Name: Address:	HILL, BETTY	X) Change ()Addition J RSGATE CIR. W		

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

OLIVE BRANCH, MS 38654

FLOWER MOUND, TX 75028

SCHUELKE, JOSEPH'S

4909 JOSHUA DR.

(X) Change () Addition

COO

SIGNATURE: BETTY J. HILL ST 01/19/2006