


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000006420</b> 1. Entity Name <b>BASILE BAUMANN PROST &amp; ASSOCIATES, INC.</b>	
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Principal Place of Business <b>177 DEFENSE HIGHWAY, SUITE 10 ANNAPOLIS, MD 21401</b>	Mailing Address <b>177 DEFENSE HIGHWAY, SUITE 10 ANNAPOLIS, MD 21401</b>
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07112006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>52-1670718</b>	Applied For 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  <b>GRAHAM, PAULA 204 37TH AVE NORTH, SUITE 354 ST. PETERSBURG, FL 33704</b>
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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.

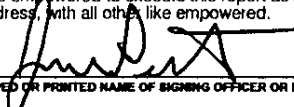
SIGNATURE \_\_\_\_\_ DATE **07/18/06-80019-011 150.00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PROST, JIM 1107 BOUCHER AVENUE ANNAPOLIS, MD 21403</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BAUMANN, WIL 220 LEITCH ROAD TRACY'S LANDING, MD 20779</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BASILE, RALPH 412 NARROWS POINTE DRIVE GRASONVILLE, MD 21638</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_