

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90037 049 \*\*\*150.00

**60016553**



02142006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # F46134</b> 1. Entity Name NORTH BAY ELECTRONICS, INC.					
Principal Place of Business 3309 FRANKFORD AVE PANAMA CITY, FL 32405			Mailing Address 3309 FRANKFORD AVE PANAMA CITY, FL 32405		
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 59-2128171			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  BENNETT, JULIAN 3309 FRANKFORD AVENUE PANAMA CITY, FL 32405			7. Name and Address of New Registered Agent Name <u>Michael S. Kennedy</u> Street Address (P.O. Box Number is Not Acceptable) <u>3309 Frankford Ave.</u> City <u>Panama City</u> <u>FL</u> Zip Code <u>32405</u>		
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 obligation of, registered agent.					
SIGNATURE <u>Michael S. Kennedy</u>		(NOTE: Registered Agent signature required when reinstating) <u>MICHAEL S. KENNEDY</u> <u>2/14/06</u>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCE KENNEDY, MICHAEL 3309 FRANKFORD AVENUE PANAMA CITY, FL		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> 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 or other like empowered.					
SIGNATURE: <u>Michael S. Kennedy</u>		<u>2/14/06</u> <u>850-785-9531</u> Date Daytime Phone #			