2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001664

Name:

Address:

City-St-Zip:

MOHAN, ILA

17757 FRONT BEACH ROAD, UNIT 1809

PANAMA CITY BEACH, FL 32413 US

Entity Name: BA ENTERPRISES OF EMERALD COAST, INC.

FILED Mar 28, 2006 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Pla	ce of Business:		
% Y.M. BH 1805 RIDG MOBILE, A						
Current M	lailing Addre	ss:	New Mailing Addr	New Mailing Address:		
% Y.M. BH 1805 RIDG MOBILE, A			% DEVENDRA MO 2240, MLK JR. BLV PANAMA CITY, FL			
FEI Number:	: 63-1144188	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	l Address of	Current Registered Agent:	Name and Addres	s of New Registered Agent:		
17757 FROUNIT#1809		ROAD FL 32413 US				
	e named entity e of Florida.	submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,		
SIGNATUR	RE:					
	Electro	nic Signature of Registered Age	nt	Date		
Election Car	mpaign Financir	ng Trust Fund Contribution ().				
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (BHATNAGAR, 1805 RIDGE (MOBILE, AL (CT.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MOHAN, DEVI 17757 FRONT) Delete ENDRA BEACH ROAD, UNIT 1809 BEACH, FL 32413 US	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S (BHATNAGAR, 1805 RIDGE (MOBILE, AL (CT.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	т () Delete	Title:	() Change () Addition		

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.

Name:

Address:

City-St-Zip:

	SIGNATURE: DEVE	ENDRA MOHAN	VP	03/28/2006
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