2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000755

Entity Name: BAY BREEZE FARMS, INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place	of Business:
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316 BARTOW AIRPORT 201 W. CHRISTINA BLVD. BARTOW, FL 33830 SUITE 3

LAKELAND, FL 33813

Current Mailing Address: New Mailing Address:

316 BARTOW AIRPORT 201 W. CHRISTINA BLVD. BARTOW, FL 33830 SUITE 3

LAKELAND, FL 33813

FEI Number: 59-3536742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LIVENGOOD, ROBERT
316 BARTOW MUNICIPAL AIRPORT
BARTOW, FL 338308727 US
LAKELAND, FL 33813 US

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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.

SIGNATURE: ROBERT LIVENGOOD 04/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: HJERSTED, LAWRENCE Name: HJERSTED, LAWRENCE Address: 316 BARTOW AIRPORT Address: 201 W. CHRISTINA BLVD.

City-St-Zip: BARTOW, FL City-St-Zip: LAKELAND, FL 33813

Title: S () Delete Title: S (X) Change () Addition
Name: LIVENGOOD, ROBERT
Address: 246 PARTOWARDORT
Address: 246 PARTOWARDORT

Address: 316 BARTOW AIRPORT Address: 201 W. CHRISTINA BLVD.
City-St-Zip: BARTOW, FL 33830 City-St-Zip: LAKELAND, FL 33813

Title: T () Delete Title: () Change () Addition

 Name:
 LIVENGOOD, ROBERT
 Name:

 Address:
 3624 CORD GRASS DR
 Address:

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ROBERT LIVENGOOD T 04/26/2007