2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G90466

City-St-Zip:

PALM CITY, FL 34990

FILED Feb 16, 2009 Secretary of State

Entity Name: BAKER INTERNATIONAL ASSOCIATES INC.

Entity Nar	me: BAKERI	NTERNATIONAL ASSOCIATE	:S, INC.		
Current Principal Place of Business:				New Principal Place of Business:	
SUITE 102	MARTIN DOV PE Y, FL 34990	VNS BLVD.			
Current Mailing Address:				New Mailing Address:	
1025 S.W. MARTIN DOWNS BLVD.,STE. 102E P.O. BOX 975 PALM CITY, FL 349910975				1025 S.W. MARTIN DOWNS BLVD.,STE. 102E P.O. BOX 975 PALM CITY, FL 349910975 US	
FEI Number:	: 59-2382871	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
BELLAS, SHIRLEY F T 1025 S.W. MARTIN DOWNS BLVD.,STE. 102E PALM CITY, FL 34990 US				BELLAS, SHIRLEY F T 1025 S.W. MARTIN DOWNS BLVD. SUITE 102E PALM CITY, FL 34990 US	
	named entity e of Florida.	submits this statement for the p	purpose o	f changing its register	ed office or registered agent, or both,
SIGNATURE: SHIRLEY F. BELLAS				02/16/2009	
	Electro	nic Signature of Registered Ag	ent		Date
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BAKER, GEOR	TIN DOWNS 102E		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	BELLAS, SHIR	TIN DOWNS 102E		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	STEWART, JA) Delete MES L VP TIN DOWNS BLVD.		Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: JAMES L. STEWART VP 02/16/2009