

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J32751

Entity Name: BAY TECH LABEL, INC.

FILED
Jan 16, 2005
Secretary of State

Current Principal Place of Business:

12177 28TH STREET NO.
ST. PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

12177 28TH STREET NO.
ST. PETERSBURG, FL 33716 US

New Mailing Address:

FEI Number: 59-2711213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NURSE, KARL
12177 28TH ST N
ST. PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

NURSE, KARL J PRES
12177 28TH ST N
ST. PETERSBURG, FL 33716 US

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: KARL NURSE

01/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: NURSE, KARL,
Address: 176 21ST AVE SE
City-St-Zip: ST PETERSBURG, FL 33705

Title: VSD () Delete
Name: NURSE, MARY J
Address: 176 21ST AVE SE
City-St-Zip: ST PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: NURSE, KARL J PRES
Address: 176 21ST AVE SE
City-St-Zip: ST PETERSBURG, FL 33705

Title: VSD (X) Change () Addition
Name: NURSE, MARY J VPKARL
Address: 176 21ST AVE SE
City-St-Zip: ST PETERSBURG, FL 33705

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KARL NURSE

PRES

01/16/2005

Electronic Signature of Signing Officer or Director

Date