



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90201 045 ****50.00

DOCUMENT # L06000020019					
1. Entity Name BAKER INFORMATION TECHNOLOGY SOLUTIONS, LLC					
Principal Place of Business 2239 HARN BLVD. CLEARWATER, FL 33764 US			Mailing Address 2239 HARN BLVD. CLEARWATER, FL 33764 US		
2. Principal Place of Business - No P.O. Box # 1201 S. Highland Ave. Suite, Apt. #, etc. 6A		3. Mailing Address 1201 S. Highland Ave. Suite, Apt. #, etc. 6A			
City & State Clearwater FL		City & State Clearwater FL		01032007 Chg-LLC CR2E083 (12/06)	
Zip 33756		Country USA		4. FEI Number 20-5801921	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name: James Todd Baker Street Address (P.O. Box Number is Not Acceptable): 1201 S. Highland Ave. Suite 6A City: Clearwater FL Zip Code: 33756		
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 obligations of registered agent.					
SIGNATURE: <i>James T Baker</i>		DATE: 2-1-07			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. --MANAGING MEMBERS/MANAGERS--			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, JAMES T 2239 HARN BLVD. CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: <i>James T Baker</i>			DATE: 2-1-07		(727) 230-2707