2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L88750

Address:

City-St-Zip:

10 CROOKED ISLE CIRCLE

MURRELLS INLET, SC 29576

FILED Apr 29, 2008 Secretary of State

Entity Name: C. BAERSKI CORPORATION **Current Principal Place of Business: New Principal Place of Business:** 5889 S. WILLIAMSON BLVD 1018 CUTTERS WAY SOUTH DAYTONA, FL 32127 US #217 PORT ORANGE, FL 32128 **New Mailing Address: Current Mailing Address:** P.O. BOX 214066 SOUTH DAYTONA, FL 321214066 FEI Number: 65-0208728 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: FOSTER, WILLIAM M BENJAMIN, CLIFFORD 555 WESTMORELAND RD. 739 MASON AVE DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32114 US 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: CLIFFORD BENJAMIN 04/29/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PRICE, DANIEL W Name: Name: 1248 ROBBIN DR Address: Address: City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: Title: Title: () Delete () Change () Addition Name: PRICE, BARBARA A Name: 1248 ROBBIN DR Address: Address: PORT ORANGE, FL 32129 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition PRICE, WILLIAM Name: Name: 4557 KALUA DRIVE Address: Address: City-St-Zip: INDIAN RIVER, MI 49749 City-St-Zip: Title: () Delete Title: () Change () Addition CHAPMAN, DORIS Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: DANIEL W PRICE D 04/29/2008