## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# L95235

FILED Dec 22, 2008 Secretary of State

| Entity Nan  | ne: BAYFRO   | NT, INC.                         |   | •  |  |
|---|--|----------------------------------|---|--|--|
| Current Pi  | incipal Place  | of Business:                     | New Principal Place of                      | of Business:                                 |  |
|   | RONT PLACE<br>L 341026454                              |                                  |   |  |  |
| Current M   | ailing Addres  | s:                               | New Mailing Address                         | New Mailing Address:                         |  |
|   | RONT PLACE<br>L 341026454                              |                                  |   |  |  |
| FEI Number: 65-0220729 FEI N  |  | 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: |  |                                  |   |  |  |
| 436 BAYFF   | RNER, KEVIN<br>RONT PLACE<br>FL 341026454              |                                  |   |  |  |
| The above in the State  |  | submits this statement for the p | urpose of changing its registered           | office or registered agent, or both,         |  |
| SIGNATUR  | RE:  |                                  |   |  |  |
|   | Electror   | iic Signature of Registered Age  | nt  | Date   |  |
| OFFICERS AND DIRECTORS:   |  |                                  | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D ()<br>STONEBURNEI<br>436 BAYFRON<br>NAPLES, FL 3-    | T PLACE                          | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D (X)<br>LOFGREN, DAI<br>1010 GALLEON<br>NAPLES, FL 3- | I DRIVE                          | Title:<br>Name:<br>Address:<br>Citv-St-Zip: | ()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.

SIGNATURE: KEVIN L. STONEBURNER D 12/22/2008