2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE ...

Mar 27, 2006 8:00 am Secretary of State DOCUMENT # P00000075604 1. Entity Name 03-27-2006 90238 027 ***150.00 BAUM BLOCK, INC. Principal Place of Business Mailing Address 5143 COMMERCIAL WAY 5143 COMMERCIAL WAY 4000 SPRING HILL, FL 34606 SPRING HILL, FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3660433 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAUM, RICHARD L 5143 COMMERCIAL WAY Street Address (P.O. Box Number is Not Acceptable) SPRING HILL, FL 34606 Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if appscable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition BAUMS, RICHARD L NAME STREET ADDRESS 5143 COMMERCIAL WAY STREET ADDRESS SPRING HILL, FL 34606 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Offy-ST-7iP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP m ☐ Delete 1171,8 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CMY-ST-ZIP 300 5 Delete HILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP រាព <u>ខ</u> __ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP C/TY- ST - 7/P 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as it 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 in Block 10 or Block 11 if

FILED

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