

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90180 028 \*\*\*150.00

<b>DOCUMENT # P00000109094</b>					
<b>1. Entity Name</b> BRANT A. BAILEY, P.A.					
<b>Principal Place of Business</b> 695 CENTRAL AVE, SUITE 201 ST PETERSBURG, FL 33701			<b>Mailing Address</b> 695 CENTRAL AVE, SUITE 201 ST PETERSBURG, FL 33701		
<b>2. Principal Place of Business</b> 2835 61st Ln. North Suite, Apt. #, etc. St. Petersburg, FL City & State		<b>3. Mailing Address</b> 2835 61st Ln. North Suite, Apt. #, etc. St. Petersburg, FL City & State			
Zip 33710 Country USA		Zip 33710 Country USA		04282006 Chg-P CR2E034 (11/05)	
<b>4. FEI Number</b> 59-3683389				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BAILEY, BRANT A 695 CENTRAL AVE, SUITE 201 ST PETERSBURG, FL 33701			<b>7. Name and Address of New Registered Agent</b> Name Bailey, Brant A Street Address (P.O. Box Number is Not Acceptable) 2835 61st Lane North City St. Petersburg FL Zip Code 33710		
<b>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.</b> SIGNATURE <u>Brant A. Bailey, Brant A. Bailey, Pres</u> DATE <u>4/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transacting)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, BRANT A 695 CENTRAL AVE, SUITE 201 ST PETERSBURG, FL 33701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Brant A. Bailey Brant A. Bailey, Pres</u> <u>4/28/06</u> <u>727-343-9495</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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