2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000042099

1. Entity Name

BAYMEAD ACQUISITIONS MANAGER, INC.

Principal Place of Business

326 THIRD STREET LAKEWOOD, NJ 08701

Mailing Address

326 THIRD STREET LAKEWOOD, NJ 08701

FILED Feb 02, 2004 08:00 AM Secretary of State



01092004

No Chg-P

CR2E034 (10/03)

4. FEI Number 22-3798728 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREELAND, ROBERT C 4521 ATLANTIC BLVD. JACKSONVILLE, FL 32207

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	named entity submits this statement for the pions of registered agent.	orpose of changing its registered o	ffice or o	registered agent, or bo	th, in the State of Florida. I am familiar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE, Registered Agent Manature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.	, D	\$5.00 B 300000 000000000000	U00000027584 02/03/04-80052-008	158.75
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LICHTENSTEIN, DAVID 326 THIRD ST. LAKEWOOD, NJ 08701					-
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE	·
TITLE NAME STREET ADDRESS CITY+ST-ZIP		***		IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME					• • • •	

12. It hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, I further certify that the information indicated on this report or supplied repirities 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 by further amounted 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 the Address with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NO TYPE OR PRINTED NAME OF SIGHING OFFICER OR DIRECTOR

1137104

732-367-0129