

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000055099

Entity Name: BAYSIDE SOLUTIONS INC.

FILED  
Jan 21, 2008  
Secretary of State

## Current Principal Place of Business:

10101 DR. MARTIN LUTHER KING BOULEVARD  
SUITE 264  
SAINT PETERSBURG, FL 33716

## New Principal Place of Business:

10101 DR. MARTIN LUTHER KING BOULEVARD  
SUITE 258  
SAINT PETERSBURG, FL 33716

## Current Mailing Address:

6104A PALMA DEL MAR BLVD #406A  
ST PETE, FL 33715

## New Mailing Address:

FEI Number: 36-4451078      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOYLE, DAN  
6104A PALMA DEL MAR BLVD #406A  
ST PETE, FL 33715      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DOYLE, DANIEL J  
Address: 6104A PALMA DEL MAR BLVD #406A  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: V ( ) Delete  
Name: CHURCH, WILLIAM  
Address: 6104A PALMA DEL MAR BLVD #406A  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: D ( ) Delete  
Name: HANGGE, TIM  
Address: 6104A PALMA DEL MAR BLVD #406A  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: D (X) Delete  
Name: WALLER, JOHN  
Address: 6104A PALMA DEL MAR BLVD #406A  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: D ( ) Delete  
Name: ALLARD, BRIAN  
Address: 6104A PALMA DEL MAR BLVD #406A  
City-St-Zip: SAINT PETERSBURG, FL 33715

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DD

CEO

01/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date