

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 02, 2005 8:00 am
Secretary of State**

03-02-2005 90078 038 ***158.75

DOCUMENT # P02000000928

1. Entity Name
BUSINESS ARCHITECTS OF INNOVATION, INC.



Principal Place of Business
**5311 PEBBLE BEACH DR
ORLANDO, FL 32811**

Mailing Address

**5311 PEBBLE BEACH DR
ORLANDO, FL 32811**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262005 Chg-P CR2E034 (10/03)

4. FEI Number
30-0027388

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARMAN, PEMELA A
5311 PEBBLE BEACH DR
ORLANDO, FL 32811**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: CARMAN, PAMELA A
STREET ADDRESS: 5311 PEBBLE BEACH DR
CITY-ST-ZIP: ORLANDO, FL 32811

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE: VP
NAME: BURNE, ANN M
STREET ADDRESS: 113 WILLOW VIEW LANE
CITY-ST-ZIP: CANTON, GA 30114

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE: VPS
NAME: BURNE, ANN M
STREET ADDRESS: 113 WILLOW VIEW LANE
CITY-ST-ZIP: CANTON, GA 30114

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

PAMELA ANN CARMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/05 (407) 420-9422