## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000000928

Address: City-St-Zip:

CANTON, GA 30114

Entity Name: BUSINESS ARCHITECTS OF INNOVATION, INC.

FILED Feb 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7209 BLACK BULL LN. ORLANDO, FL 32811 **Current Mailing Address: New Mailing Address:** 7209 BLACK BULL LN. ORLANDO, FL 32811 FEI Number: 30-0027388 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARMAN HAYHURST, PEMELA A 7209 BLACK BULL LN. ORLANDO, FL 32811 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition CARMAN, PAMELA A CARMAN HAYHURST, PAMELA A Name: Name: 5311 PEBBLE BEACH DR 7209 BLACK BULL LANE Address: Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: ORLANDO, FL 32835 ( ) Delete Title: VΡ Title: () Change () Addition Name: BURNS, ANN M Name: 113 WILLOW VIEW LANE Address: Address: CANTON, GA 30114 City-St-Zip: City-St-Zip: **VPS** Title: Title: ( ) Delete () Change () Addition BURNS, ANN M Name: Name: 113 WILLOW VIEW LANE. Address:

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.

City-St-Zip:

SIGNATURE: PAMELA CARMAN HAYHURST PRES 02/14/2009