


2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90023 014 \*\*\*150.00

**DOCUMENT # P02000004066**

1. Entity Name  
**BASCE, INC.**



Principal Place of Business  
**11825 COLLIER BLVD  
 NAPLES, FL 34116**

Mailing Address  
**11825 COLLIER BLVD  
 NAPLES, FL 34116**

**60003137**

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2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01112006 Chg-P CR2E034 (11/05)

City & State  
 Zip Country

4. FEI Number  
**01-0570358**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**EHRIE, MARK R  
 11825 COLLIER BLVD  
 NAPLES, FL 34116**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	EHRIE, MARK P	
STREET ADDRESS	4843 HAMPSHIRE CT #305	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EHRIE, BARBARA	
STREET ADDRESS	16925 BOUNDARY DR	
CITY-ST-ZIP	ASHLAND, MS 38603	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	EHRIE, MICHAEL SR	
STREET ADDRESS	4843 HAMPSHIRE CT #305	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHRIE, MARGARET	
STREET ADDRESS	4843 HAMPSHIRE CT # 305	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

**SIGNATURE:** W R Eherie \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #