2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 22, 2007 08:00 A Secretary of State **DOCUMENT # P02000035537** 1. Entity Name INTER BAY BUILDING MAINTENENCE, INC. Principal Place of Business Mailing Address P.O. BOX 152287 4107 HARBOR LAKE SR LUTZ. FL 33558 TAMPA, FL 33684 01162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0676860 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUDINO, RICHARD DO NOT WRITE **524 BLACK LION DRIVE NE** ST PETERSBURG, FL 33716 IN THIS SPACE 8. The above named entity submits this gragment 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. ad name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. U00000675897 After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PTSD GUDINO, RICHARD NAME STREET ADDRESS 524 BLACK LION DRIVE NE CITY-ST-ZIP ST PETERSBURG, FL 33716 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THTLE NAME

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 an other like empowered. changed, or on an attachment with an address, with

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP .

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR