

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000056876

FILED
Apr 30, 2006
Secretary of State

Entity Name: BASE FINANCE, INC.

Current Principal Place of Business:

4726 NORTH LOIS AVENUE, A-2
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4726 NORTH LOIS AVENUE, A-2
TAMPA, FL 33614

New Mailing Address:

FEI Number: 04-3675371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLYOUNG, JOHN
4726 NORTH LOIS AVENUE, A-2
TAMPA, FL 33614 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: PD () Delete
Name: FROLICK, WALTER A
Address: 7869 PETER HOOVER RD
City-St-Zip: NEW ALBANY, OH 43054

Title: STD (X) Delete
Name: FROLICK, WALTER A
Address: 7869 PETER HOOVER RD
City-St-Zip: NEW ALBANY, OH 43054

Title: VP (X) Delete
Name: FROLICK, ROBERTA A
Address: 7869 PETER HOOVER RD
City-St-Zip: NEW ALBANY, OH 43054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: FROLICK, WALTER A
Address: 1905 CLARA MATHIS ROAD
City-St-Zip: SPRING HILL, TN 37174 US

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 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: WALTER A FROLICK

DPST

04/30/2006

Electronic Signature of Signing Officer or Director

_____ Date